Montgomery County Memorial Hospital

Student Agreement for Use of Hospital Owned Devices
(Laptops, Notebooks, Tablets)

I understand that I will be provided an electronic device that is the property of Montgomery County Memorial Hospital (MCMH) for my use while completing an internship in the MCMH Medical Clinics. All Hospital owned devices will be recorded in the inventory system and allocated to students upon acknowledgement of this agreement.

As a condition of the use of hospital owned devices the following rules will apply:

- Devices will not leave the hospital campus but will remain in the assigned Medical Clinic unless the student internship is performed at an offsite clinic (Villisca or Malvern).
- Devices transported to an offsite clinic will be locked in a vehicle trunk or covered out of plain sight and will not be left unattended.
- Devices will not be altered and users will not attempt to install software, hardware, or change any system configurations or network settings.
- Protected health information (PHI) or hospital data will not be saved or stored on any device, CD, removable drive, or sent to an unauthorized email address.
- Users will be responsible to protect devices from damage, misuse, and theft; with any such event to be immediately reported to IS staff.
- Costs resulting from theft or damage that occurs on or off hospital premises, including problems caused by user negligence or misuse, will be the responsibility of the student.
- Upon conclusion of internship all devices belonging to MCMH will be returned to IS staff, verified, and documented.

Agreement

I understand that my MCMH user ID will become my electronic signature and I agree to keep it secure, and will be held accountable for all logons and information accessed by my user ID. I will immediately report any security compromise of my user ID or breach of PHI to the Network Administrator at 712-623-7212.

I understand that the laptop, notebook, tablet or similar device provided to me is the property of MCMH and that I am personally responsible for safeguarding the device from theft or misuse, and for reporting any problems. I will abide by the rules stated above and will return the device to MCMH in the same condition in which it was provided, or pay for the full cost of replacement, repair, and/or labor in the case of loss or damage.

Agreed upon by: _____ _____ _____

Printed Name Signature Date

Device Information: _____

Device returned to: _____

IS Staff Date