



1215 East Michigan Avenue
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 Lansing, Michigan 48909-7980

**Acknowledgement of
 Sparrow Health System
 Mobile Device Security
 Obligations and/or Conditions**

As an Officer, Associate, physician, or healthcare provider, you may have access to confidential information including patient, financial or business information obtained through your association with Sparrow Health System (Sparrow). The purpose of this Agreement is to help you understand your personal obligation regarding the security of your mobile device and the confidential information contained therein.

Confidential information is valuable and sensitive and is protected by law and by strict Sparrow policies. State law and the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) require protection of confidential and protected health information ("Confidential Information"). Inappropriate disclosure of Confidential Information may result in the imposition of fines and imprisonment.

I understand that as a mobile device user, I will have access to certain Sparrow information systems and restricted information stored thereon. I understand that these privileges are to satisfy the performance of Sparrow business, and that I am prohibited from sharing these system privileges with any other person. I understand that authorization for use of a mobile device will require a justifiable business need as determined by Sparrow Management. I understand that Sparrow management may, at any time, revoke these access privileges.

Accordingly, by signing this acknowledgement and, having as a condition of and in consideration of my receipt of a mobile device and access to confidential information, I acknowledge the following obligations and conditions of employment:

1. I acknowledge that I have reviewed, understand, and will abide by Sparrow's HIPAA Privacy and Security Policies. These policies may be found on the Sparrow Intranet.
2. I am not allowed to test, circumvent, or bypass any security controls that have been implemented by Sparrow.
3. I am required to immediately notify the Information Services Help Desk (x4-HELP or 364-4357) to report any suspected security incidents or violations, and any damage to or loss of Sparrow hardware, software, or Confidential Information that has been entrusted to my care.
4. I am obligated, if Sparrow provided, return my mobile device to Information Services upon completion of my duties and/or termination of my employment at Sparrow so it can be securely wiped of any and all confidential data. I will return my mobile device upon changing roles internally within Sparrow when my new role no longer requires the use of the mobile device. If my device is personally owned, I agree that all data will be securely deleted from the device upon completion of my duties and/or termination of my employment at Sparrow.
5. I am obligated to never leave my mobile device unattended, even in places that may appear safe.
6. I acknowledge and accept that at any time and without notice, Sparrow can securely delete any and all information, both personal and business related, stored on my device.
7. I acknowledge and accept that my activities on this device are logged and can be monitored.
8. I understand that usage will be monitored and my mobile device access may be modified or terminated as determined by Sparrow at its sole discretion.
9. I acknowledge that Sparrow maintains the right to conduct inspections of the mobile device without advance notice. Sparrow also maintains the right to examine the contents of any device that contains or is believed to contain Confidential Information (e.g., protected health information, or other confidential or proprietary information), including devices that have been purchased by Sparrow, its Officers, Associates, contractors, temporary Associates, and others.
10. I acknowledge that if any materials, supplies (e.g., software, hardware) or information are provided to me to facilitate my mobile device access, the ownership and title to, and all rights and interests to these items, including information contained within, will remain with Sparrow. In such instances, my possession does not convey ownership or any implication of ownership. Accordingly, all such items must immediately be returned to Sparrow if and when I separate from Sparrow, or when requested by my Manager.

By signing this Acknowledgement, I acknowledge that Sparrow has an active on-going program to review records and transactions for inappropriate access and I acknowledge that inappropriate access or disclosure of confidential information contrary to my obligations or inconsistent with the conditions detailed above can result in penalties up to and including termination of my employment or prosecution of legal action against me, or both.

User Signature

Date

Printed Name

Position /Job Title