Bring Your Own Device (BYOD) – Clinical Use Agreement

Student Intern / Staff Acknowledgement

Purpose

This agreement sets out the conditions under which personal devices may be used to access College clinical systems containing personal or health information, in accordance with the Health Privacy Policy.

Authorised Use

I acknowledge that use of my personal device to access College systems (including iconpractice) is permitted only for authorised College clinical activities and subject to the conditions below.

Device Security Requirements

I agree that my device will:

- Be protected by a password, PIN, or biometric authentication.
- Be locked when unattended.
- Have current operating system and security updates applied.
- Not be shared with others while I am logged into College systems.

Access and Information Handling

I agree that I will:

- Use only my individual login credentials.
- Log out of iconpractice at the end of each task or clinical shift.
- Not download, store, copy, photograph, or otherwise retain personal or health information on my device.
- Not allow browser auto-save of passwords where the device is shared.
- Use secure networks and avoid public unsecured Wi-Fi where possible.

Privacy and Incident Reporting

I acknowledge that:

- Personal and health information is confidential and must be protected at all times.
- Any loss, theft, or suspected compromise of my device, login credentials, or information must be reported immediately to the Clinical Supervisor or College administration.

Compliance

I
understand that failure to comply with this agreement may result in removal of access to College systems and may constitute a breach of College policy.

Name: _____

Role (Student Intern / Staff): _____

Signature: _____

Date: _____

Program Coordinator – Chiropractic Practice Authorisation

I confirm that the above individual has been informed of the requirements for use of personal devices in the Chiropractic Centre and is authorised to use a personal device in accordance with this agreement.

Name: _____

Signature: _____

Date: _____