

## **Barnes-Jewish Hospital Cellular Phone Agreement for Housestaff Physicians**

Barnes-Jewish Hospital issues cellular phones to certain housestaff physicians who are required to be in close contact with the Hospital at all times due to the nature of their job. Prior to receiving the phone, the housestaff physician must read and sign this Agreement.

I acknowledge that the Hospital has issued me a Hospital-owned cellular phone that I will use in accordance with Hospital policies for work-related purposes. Use of this phone is a privilege not a right, and I acknowledge that this privilege may be revoked if the phone is used in an unauthorized or unprofessional manner.

In exchange for being permitted to utilize this cellular phone outside of the Hospital, I agree to be responsible for its safekeeping. Specifically, I agree to the following:

- I will keep the phone in the protective cover provided to me by the Hospital
- I will take reasonable steps to ensure that the phone is not damaged, such as not leaving it outdoors or in a vehicle in extreme temperatures or subjecting it to submersion in water
- If the phone does incur accidental damage, I will utilize the Hospital's technical support service for repairs
- I understand that I may be subject to a \$50 deductible beyond two (2) occurrences of accidental damage (e.g. liquid spills, dropped/cracked screen)
- I understand that I may be subject to a \$150 deductible beyond the first occurrence of loss

I understand that I am responsible for the security of this phone and the information contained on it.

- I will immediately report a lost or stolen phone.
- I will enable a 4-digit security passcode on the phone and will not share this passcode with others.
- I agree to keep all accounts and passwords issued to me by the Hospital secure and will not share these passwords with others.
- I understand that a secure messaging application has been installed on this phone, which encrypts communication between myself and other participants in order to exchange data in a BJC approved and secure manner. I have received instructions on how to use this application and agree that I will use it to exchange messages that contain Protected Health Information (PHI).
- I understand that a mobile device management application has been installed on this phone, which allows BJC to wipe the phone of any BJC applications and accounts if the phone is lost or stolen or if I leave BJC employment.
- I understand the Hospital has the right to monitor the phone for evidence

of inappropriate activity. By using the Hospital's cell phone, I am consenting to have my communications on the phone monitored or reviewed by the Hospital.

- I understand that it is my responsibility to store and back up my data, and the Hospital will not be liable for any lost or irrecoverable data or information on the phone such as photos, applications, lists, etc. Purchases through iTunes will be at my expense using my personal account.

I understand that this phone has been issued to me for work-related purposes. I will be professional and courteous when using the phone.

- I will respond to text messages and calls in a timely manner.
- I will move to a private location when discussing Protected Health Information (PHI) on the phone.
- I will not install, download or otherwise utilize any software or data that is illegal, would violate copyright laws or would otherwise violate Hospital policies.
- I understand that email or other communications sent through this phone should be appropriate and responsible and may be traceable back to the Hospital or to me.
- I acknowledge that I must return this phone to the Hospital upon completion of my training program or termination of employment. Failure to return the phone will result in my incurring charges for the cost of the phone and possible legal action.

I acknowledge that I have been given copies of the BJC Social Media Policy the BJC Photography, Videography, Video Recording, Image/Information Transmission Policy, and I agree to abide by these policies.

I have read this Agreement and agree to the terms of use.

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Printed Name

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Signature

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Date