



## Email Synchronization Acknowledgement Form

Employees are responsible for protecting PHI or confidential information stored on personal and Mount Sinai issued portable electronic devices. Employees assume full responsibility for any data breach that occurs as a result their disregard of IT Security guidelines. (HIPAA Security Policy SMP-14A)

1. If your device supports built in or third party encryption of data in transit and while at rest (on the device), it must be used. Any additional cost for enabling encryption is the responsibility of the user. ***If you receive PHI or other confidential information then the device must be encrypted, you cannot synchronize to an unencrypted device.***

A list of approved devices and encryption methods is available from IT Security  
- <http://infosec.mountsinai.org/>

2. The Academic IT Support Center (212-241-7091) [ASCIT@mssm.edu](mailto:ASCIT@mssm.edu) / Hospital Help Desk (212-241-4357) must be notified as soon as the device is lost or stolen so that a remote data wipe command can be sent to the device.

3. You agree to set a device access password.

4. You agree to have your device automatically wiped after 10 bad password attempts. This will potentially delete all data stored on the mobile device (including any information stored on memory cards.)

5. During the initial synchronization process, all personal information on the devices may be deleted. You must backup any Contact, Calendar or other information on your personal workstation before the device is connected to the ActiveSync server or the Blackberry Enterprise Server (BES).

6. You agree that upon separation of service from the Medical Center, your device may be automatically wiped. This will potentially delete all data stored on the mobile device (including any information stored on memory cards.)

I acknowledge that I have read and understood the limitations of connecting my personal or Mount Sinai issued portable electronic device to the Medical Center Email system.

**Name (Print)** \_\_\_\_\_  
**Life Number** \_\_\_\_\_  
**Email Address** \_\_\_\_\_  
**Department** \_\_\_\_\_  
**Ext. /Contact #** \_\_\_\_\_  
**Device Type** \_\_\_\_\_  
**Device Model#** \_\_\_\_\_

**After you return this form via email to [ASCIT@mssm.edu](mailto:ASCIT@mssm.edu), you will receive an email with activation instructions specific to your mobile device.**