



JUSTIFICATION FOR PURCHASE OF REMOVABLE MEDIA DEVICES

State Form 55872 (R2 / 9-24)

INDIANA DEPARTMENT OF HEALTH

Date (month, day, year)

This form is required for the purchase of removable media devices. Please complete, sign, and return this form to the Office of Technology and Compliance (OTC) Secretary on the 3rd floor.

(Select the device needed by checking the appropriate box.)

☐ CD-R/RW

☐ Thumb or USB Drives

☐ Flash Cards

☐ Hard drives

☐ DVD-R/RW, DVD+R/RW

☐ Blue Ray

Number of devices _____

Size _____

Why is this device required?

What type of data will be copied onto the removable media device (e.g., confidential, public, ePHI, IIHI etc.)?

What alternatives currently exist for this device?

Why are the alternatives not adequate to meet the requirements of the program?

What are the names of the individuals who will be using the removable media device? Each individual will need to acknowledge in writing to the statements below.

Contact the IDOH Security Manager if the device is lost or stolen.

By signing this document you acknowledge the following statements:

The mobile device will only be used for purposes as outlined above and in the IT Order Justification.

Any deviations from the intended use as outlined in the IT Order Justification must be documented in writing and approved by the IDOH CIO or their designee within the "Office of Technology and Compliance".

For any misuse of the device by the named individual or any unauthorized person who might gain access to the device they may be held accountable according to State personnel guidelines up to and including dismissal.

(Program Area)

Signature of Employee

Printed Name of Employee

Telephone Number

Date (month, day, year)

Signature of Supervisor/Director

Printed Name of Supervisor/Director

Telephone Number

Date (month, day, year)

To be completed by IDOH Security Manager.

Reviewed by: _____

Date (month, day, year) _____

Approved _____

Rejected _____

Comments: _____