Reset Form

JUSTIFICATION FOR PURCHASE OF REMOVABLE MEDIA DEVICES

State Form 55872 (R / 1-16)
Indiana State 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 ☐ Flash Cards ☐ DVD-R/RW, DVD+R/RW
☐ Thumb or USB Drives ☐ Hard drives ☐ 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 ISDH 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 ISDH 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 ISDH Security Manager.
Reviewed by: _____ Date *(month, day, year)*_____ **Approved _____ Rejected_____**

Comments: _____