UC Riverside, School of Medicine Policies and Procedures
Policy Title: Bring Your Own Device Policy
Policy Number: 950-02-207

Responsible Officer:	Information Security Officer (ISO)
Responsible Office:	Compliance Advisory Services
Origination Date:	04/2021
Date of Revision:	
Scope:	• Any personally owned IT Resource(s) used to access, store, or process UCR School of Medicine (SOM) Institutional Information, connect to SOM IT Resources, or otherwise use to conduct SOM business. • All SOM Institutional Information, independent of the location (physical or cloud), ownership of any device or account that it used to store, access, process, transmit or control SOM Institutional Information. • All authorized users of SOM Institutional Information and IT Resources.

I. Policy Summary

The purpose of this policy is to outline an authorized method for controlling personally owned IT Resources that access SOM Institutional Information, in accordance with the University of California (U.C.) *Policy BFB-IS-3 Electronic Information Security (IS-3)*. The use of personally owned devices creates added risk, including that of data leakage. This policy establishes that appropriate technical safeguards are required to access Institutional Information from personally owned devices.

II. Definitions

Please refer to University of California Systemwide IT Policy Glossary.

III. Policy Text

A. Minimum Security

All IT Resources, independent of ownership, used to access SOM Institutional Information shall have appropriate security controls and configuration in accordance with IS-3 (e.g., Minimum Security Standard, Secure Software Configuration Standard, and Account and Authentication Management Standard). The SOM ISO may provision additional requirements based on risk or in conjunction with other applicable policy.

B. Acceptable Use

Employee access to SOM Institutional Information, independent of location or device ownership, shall be subject to SOM 950-02-201 - Acceptable Use, IS-3, and all other legal, contractual, or policy requirements.

C. Employee Privacy

Employees can expect a reasonable level of privacy whereby limited personal data is collected or made available to SOM and administrators may only use or access that data in accordance with other relevant policies.

IV. Responsibilities

A. User Responsibilities

1. Elect whether to participate and perform necessary end-user steps.
2. Comply with requests from other departments to facilitate this policy.
3. Seek out and obtain assistance in deploying security controls, as needed.
4. Promptly report the theft, loss, or unauthorized access of Institutional Information or IT Resources to an appropriate authority.

B. Office of Information Technology (OIT) Responsibilities

1. Ensure through technical means that Institutional Information and IT Resources are protected.
2. Implement and manage relevant security controls.
3. Monitor access to Institutional Information and IT Resources for compliance with legal requirements, contractual obligation, applicable policy, and security incident.

C. ISO and Privacy Officer Responsibilities

1. Guide the implementation and management of relevant security controls.
2. Audit for compliance with IS-3 and other applicable policy through various methods.
3. Monitor access to Institutional Information and IT Resources for compliance with legal requirements, contractual obligation, applicable policy, and security incident.

V. Related Information

SOM must adhere to UC systemwide and relevant UCR policy, as referenced below:

- https://medschoolcompliance.ucr.edu/policies-procedures
- https://security.ucop.edu/policies/
- https://www.ucop.edu/information-technology-services/policies/index.html
- https://security.ucop.edu/policies/it-policy-glossary.html
- https://www.ucop.edu/ethics-compliance-audit-services/compliance/hipaa/

VI. Revision History

New 04/14/2021

Approvals:

COMPLIANCE COMMITTEE (04/28/2021)

Paul Hackman Digitally signed by Paul Hackman Date: 2021.05.14 14:24:32 -07'00' 05/14/2021

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