Loaner Agreement for Electronic Directly Observed Therapy (eDOT) Device

Patient Name: Date of Birth: / /

Device (Phone/Tablet/Computer) Type: Device Number:

Date Device Received: / / Expected Date of Return: / /

I agree to the statements below:

* I received this device to use for my electronic directly observed therapy (eDOT). The device and its accessories are property of the Health Department; I agree to return all equipment to the Health Department by the date specified above.
* If the device or its accessories are lost or damaged, I may be responsible for the cost of repair or replacement.
* I will take all reasonable steps to keep the device and its accessories safe and working. I will:
	+ Not loan the device to others.
	+ Protect the device from extreme temperatures.
	+ Use the protective case when carried and take care to not damage the screen.
	+ Never leave the device in an unsecured area or visible in a locked or unlocked vehicle.
	+ Not share passwords with unapproved persons.
* I am responsible for using good judgment about acceptable use of the device, and I am responsible for any additional software, apps or other files loaded onto the device.

**Unacceptable use:** Unacceptable uses include, but are not limited to:

* Engaging in illegal or offensive online activity such as sending or receiving abusive, pornographic, sexually explicit, violent or threatening material.
* Sending or receiving of material that violates state or federal laws is not allowed. This includes, but is not limited to, confidential information, copyrighted material, online piracy and threatening material.
* Introducing harmful code such as viruses, worms, spyware, malware and adware.

Patient/Legal Representative: Date: / /

Health Department

Representative Signature: Date: / /