



# Department of Health Services Clinical Device Questionnaire



Consistent with the Manufacturer Disclosure Statement for Medical Device Security (MDS2), and County of Los Angeles Policy, including but not limited to State of California Law and the HIPAA Security Rule. The Department of Health Services is required to implement reasonable information security controls on all medical devices.

Date and Time of Request

## Facility Information

Location:

## Vendor Information

Company Name:

Representative Name:

Title:

Phone No.:

Email:

## Device Information

Please complete the following questions:

Device Make:

Device Model:

Device Operating System:

Operating System Version:

### 1. Is this device network connectable to any of the following?

Ethernet  Bluetooth  WIFI  WIFI Direct  No

### 2. Does this device store Protected Health Information (PHI) or Personally Identifiable Information (PII) to any of the following?

Hard Drive  Cloud Environment  Database  USB Drive  No

### 3. Will this device employ full disk encryption for data at rest?

Yes  No  Can be Installed by Facility IT Staff

Question: Which vendor/version of encryption software is supported?

### 4. Will this device support antivirus?

Yes  No  Can be Installed by Facility IT Staff

Question: Which vendor/version of antivirus software is supported?

### 5. Will security patches be applied to the device as they come available?

Yes  No  Can be Installed by Facility IT Staff

Question: Which patches will be applied remotely by the vendor?

### 6. Will this device require a complex password to login?

Yes  No  Can be Installed by Facility IT Staff

Question: Which credential control will be used AD, NDS, or LDAP?

## Exception Criteria

If you answered "No" to questions 1 and/or 2 regarding if this device is network connectable or unable to store PHI or PII this device meets the Health Services exception criteria. Please select the box below and return the document to the facility Departmental Information Security Officer (DISO) for final approval.

This device meets the Department of Health Services exception criteria.

## Departmental Information Security Officer Notes:

DISO Name:

Date:

Does this device meet the DHS security criteria?

Yes  No