ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

CONTRACT FOR PATIENT USE OF A MOBILE TELEPHONE

Patient’s Name……………………………………………………………………………………..

Ward / Nursing Home/ Residential Area………………………………………………………….

Risk Assessment
Is the mobile phone a camera phone which would affect levels of privacy and dignity?
Is the mobile phone capable of audio recording?
Does this mobile phone have email or internet capabilities?
If Yes to any of these, consent is required from the patient that they will not use the phone for these purposes.

Would use represent a threat to patients’ own safety or that of others?
If Yes, use must be denied

Are there any electrically sensitive medical devices that would be affected?
If Yes, use must be denied

The above patient has been granted the use of a mobile telephone subject to the following conditions:

1. That the telephone will only be used within the designated agreed area
2. That the mobile phone will only be used for the purpose of conversations and texts.
3. That the mobile phone is not charged in any patient area
4. That the mobile phone is used subject to any other conditions required by the multidisciplinary team / clinical team
5. That my mobile phone may be removed if conditions are not abided by

The other conditions are:

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...........................................................................................................................................

I agreed to abide by the above conditions

Signed………………………………………………………… Signed………………………………………………

Designation………………………………………………… (Patient)

(On behalf of the MDT)

Date……………………………………………………….. Date…………………………………………………..