

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:

.....  
.....

I agreed to abide by the above conditions

Signed.....

Signed.....

(Patient)

Designation.....

(On behalf of the MDT)

Date.....

Date.....

SAMPLE - DO NOT USE