

Urological Clinic of Valdosta, P.C.

Mike S. Chiang, M.D.
Patrick M. Parker, D.O.
B. Dewayne Blanton, PA-C
Bradley G. Ridge, PA-C

3294 N. Oak St. Ext.
Valdosta, GA 31605
229-241-1188
urologyvaldosta.com

Cell Phone Use Policy

The purpose of this policy is to outline the acceptable use of cell phones and other communication devices, including but not limited to mobile phones, iPhones, iPads, tablets, or any other wireless devices (collectively referred to as “communication devices”) at Urological Clinic of Valdosta, P.C. and Urological Clinic of Valdosta Ambulatory Surgical Center, LLC.

This policy is in place to protect staff and the privacy of each of our patients. Inappropriate use of communication devices may harm others within the offices by violating HIPAA laws and regulations.

1. Who this Policy applies to:

This policy applies to patients who are being seen within the office and their family members. This policy applies to:

- a. All devices that can be used for recording,
- b. All devices that can be used for communicating with others, and
- c. All devices that may hinder the quality of care that the patient may receive.

2. Prohibited uses:

The devices listed above may not be used past the entrance into the clinical areas. This includes::

- a. Exam rooms,
- b. Treatment areas,
- c. Lab areas, and
- d. Check out.

3. Permitted uses:

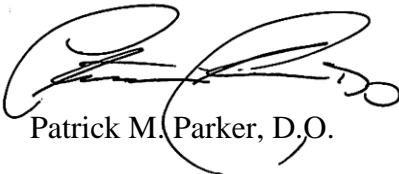
The devices mentioned can be used in the main waiting area/lobby if needed on silent mode only but it is recommended that the patient or family members be courteous of others.

4. Violations of this Policy

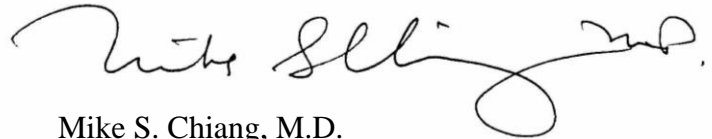
Patients or family members who violate this policy may be asked to leave and are subject to dismissal, depending on circumstances.

We very much appreciate your understanding and adherence to this necessary Policy. Our goal is to provide the highest possible urological care for our patients.

Sincerely,



Patrick M. Parker, D.O.



Mike S. Chiang, M.D.

I have read and will abide by the terms of this Policy regarding the use of communication devices in this office.

Name

Signature

Date