



Patient and Visitor Use of Cell Phones and Mobile Devices on Youens & Duchicela Clinic Premises

At Youens & Duchicela Clinic, our patients are at the center of everything we do. Among our many priorities, we value and respect the privacy of our patients, our visitors, and our staff. The following is our policy on when you can use your personal devices on our premises. We appreciate your cooperation and ask you to follow them while at our clinic.

Patients and visitors are welcome to use personal devices in the following areas:

- Outside the practice
- Common public areas, such as the lobby or central hallway
- Parking lot

Please be considerate of those around you when using your mobile devices. Remember that others may overhear your conversations and that you may not have an expectation of privacy. Use low, quiet voices, and do not act in a disruptive or disrespectful manner.

Our priority is to deliver quality care to our patients. In order to do so, use of mobile devices by patients and visitors is prohibited in all patient areas, including:

- In exam rooms while treatment evaluations or activities are occurring
- In procedure rooms, such as our imaging room, or injection room



Please do not take, share, or post pictures, recordings, or videos of YD Clinic staff and providers without their permission. This even includes while they are doing their jobs. You must ask their permission first before taking the picture, making the recording, or publishing it, such as on Facebook or Instagram. You are not allowed to take pictures of other patients and visitors without their permission. Our other patients and visitors have also an interest in privacy. It is not appropriate to take pictures of other patients, including in group treatment settings, without their permission.

We have the right to ask you to stop using your mobile devices and/or recording in violation of our policy. If you refuse and you are not receiving emergency care, we may stop your treatment and ask you to leave. If you are a visitor, we may ask you to leave regardless of whether the patient is still being treated by us. Privacy is everyone's responsibility, and we appreciate your cooperation and support.

Thank you for helping us protect privacy.

Youens & Duchicela Clinic

I acknowledge that I have read and understood the terms provided above:

Signature: _____ Date: _____

Printed Name: _____