Mental Health Inpatient Unit

Mobile phone/Personal Communication Device agreement

I,	take responsibility for my	
phone	e/tablet/computer whilst am I a consumer of theuni	t.
I agree	e to:	
•	Not using the camera or photography functions.	
•	Not using any device to record conversations this includes never to record medical and staff reviews.	
•	Not to breaching the privacy of other consumers e.g. through the use of soc media.	ial
•	Not attempting to damage my device.	
•	Keeping my devices on vibrate.	
•	Ensuring my devices are turned off or switched to silent for group sessions.	
•	Go to my room or a quiet area to take or make calls.	
•	Take responsibility for my own devices.	
•	Each device having a name tag.	
•	Not lending my devices to other consumers,	
•	Using headphones for self-soothing activities e.g. sleep disturbance or anxiet	ety.
•	Not participate in online gambling.	
I may	choose to leave my device in my locker (if available) or send home with my fa	amily
	understand that Southern NSW Local Health District (SNSWLHD) is not nsible for my data/ text or calls made by me whilst on the unit.	
I unde	erstand that SNSWLHD does not provide access to WiFi or other internet serv	/ices.
	VLHD does not accept liability for damage or loss of mobile phones (or other e) whilst on the unit.	
	e to comply with these conditions may result in loss of access to my device we removed until review.	hich
Signat	tureDate	
Witne	SS	