**RIDGEVIEW INSTITUTE SMYRNA**

**Personal Cell Phone and Electronic Use Guidelines**

**TITLE:** Personal Cell Phone and Electronics Use **REVISED: 1/2023**

**EFFECTIVE DATE: 1/23 REVIEWED: 1/2023**

Personal cellular phones usage is prohibited during work hours. Employees may check personal cellular phones **during breaks and meal breaks**. No hospital business is to be sent and/or received through personal electronic devices. This is imperative in order to protect patient confidentiality and HIPAA.

Employees whose job responsibilities include regular driving and accepting business calls are expected to refrain from using their phone while driving. Ridgeview Institute prohibits employee possession or use of cameras in the workplace, including camera phones as a preventative step that is necessary to secure patient and employee privacy.

**During your breaks and meal break** or if you are required to have a company cellphone it is important to follow proper cell phone *workplace etiquette* to help reduce the chances of you getting these privileges taken away onsite.

* Be aware of your ringtone. If you work in an area that requires you to answer your cell phone often, you may want to [download a ringtone](https://www.verizon.com/support/knowledge-base-15095/) that sounds professional (no high pitches, isn’t too loud, no obnoxious sounds, no profanity, etc.);
* Don’t look at your phone during meetings***. (Place your phone on silence)***
* Don’t place your phone on your lap;
* Focus on the person that should have your attention i.e., customer, client, coworker, supervisor, etc.
* Keep your personal calls private.
* Keep your phone out of sight.
* Don’t engage in arguments over the phone while at work.
* Silence your device
* Earbuds and other devices are prohibited

Staff, contract staff, students and interns are not allowed to use personal audio or video recording of any kind in patient areas.

Violations of our cell phone and camera policy will result in future disciplinary actions up to including termination of employment. If you have any questions on the above information, please discuss it with your supervisor or Human Resources.

Acknowledge & Agreed:

Employee Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_