

**CELLULAR TELEPHONES/CAMERAS**

**Policy & Procedure**

**Policy:**

It is the policy of this facility that camera enabled cellular telephones and/or cameras of any type are prohibited in resident care areas. Violations of this policy will result in disciplinary action up to and including immediate discharge from employment.

**Procedure:**

The purpose of this policy is to assist in ensuring quality care for our residents while maintaining their personal privacy.

I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Review Dates: \_\_\_\_\_

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*This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.*

## RESIDENT IDENTIFICATION PHOTOGRAPHS

### Policy & Procedure

**Policy:**

It is the policy of this facility that residents will be photographed upon admission by a designated member of the interdisciplinary team. Photographs will be updated as deemed necessary by the interdisciplinary team and previous photographs will be filed in the resident's thinned medical record. Photographing residents for any other purpose is prohibited and any violation of this policy will result in disciplinary action up to and including termination from employment.

**Procedure:**

Photographs taken upon admission will be maintained in the medical record solely for identification purposes.

I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Review Dates: \_\_\_\_\_

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