



★ ZENGERLE ★  
Medical Clinic

2721 FM 2718 Cuero, TX 77954  
361-233-1151  
[www.drzmedicalclinic.com](http://www.drzmedicalclinic.com)

---

## PATIENT AND VISITOR USE POLICY OF CELL PHONES AND MOBILE DEVICES

At Zengerle Medical Clinic, in addition to providing you with the best medical care possible, a very important aspect of this is the privacy of you the patient, visitors, and our staff. The following is our policy regarding use of your personal cell phone/ mobile devices while on the premises. We greatly appreciate your cooperation and understanding.

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

- Outside the building
- Waiting room
- 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. Please consider going outside if having a telephone conversation is necessary.

Our priority is to deliver quality care to our patients. In order to do so, use of mobile devices by patients and visitors is strongly discouraged in the exam room and treatment room during your visit. Understandably, exceptions to this policy may occur and this will be determined by the physician and staff in the clinic.

Please do not take, share, or post pictures, recordings, or videos of Zengerle Medical Clinic staff without their permission. Please do not post any of these items on social media. Specifically, recording conversations with any of the staff including the physician it is not allowed without permission. No pictures of other patients, visitors and items in the clinic are allowed without permission. All patients, visitors and staff have an expectation to their privacy and the use of mobile devices disrupts this.

We have the right to ask you to stop using your mobile devices and/or recording in violation of this policy. If you refuse and you are not receiving emergency care, we may stop the visit 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.

**I acknowledge that I have read and understand the terms provided above:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_