

THUNDERBIRD FAMILY MEDICINE, LTD.

CODE OF CONDUCT FOR PATIENTS

To provide a safe and healthy environment for staff, visitors, patients and their families, Thunderbird Family Medicine expects visitors, patients and accompanying family members to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights or safety of other patients and staff.

PATIENT NAME/DOB: _____ **CHART #:** _____

As a patient visiting our practice, please consider the following:

- Our practice follows a zero-tolerance policy for aggressive behavior or verbal abuse directed by patients against our staff.
- If you have any questions about your care or are unhappy with the service received, please contact our practice manager before you leave our office so that any clarifications about your care or the services you received can be made.
- Please communicate all issues that you wish to discuss with the provider. If you have multiple issues that need to be addressed, another visit may be necessary so that the provider can give all their patients the time and quality of care they deserve.
- Please be courteous with the use of cell phones and other electronic devices. When interacting with any of our staff, please put your devices away. Set the ringer to vibrate before storing away.
- Adults are expected to supervise their children.

The following behaviors are prohibited:

- Possession of firearms or any weapon
- Verbal abuse or foul language
- Intimidating or harassing staff or other patients
- Making threats of violence through phone calls, letters, voicemail, email, or other forms of
- Written, verbal or electronic communication
- Physical assault or threatening to inflict bodily harm
- Making verbal threats to harm another individual or destroy property
- Damaging business equipment or property
- Making menacing or derogatory gestures
- Racial or cultural slurs or other derogatory remarks

If you are subjected to any of these behaviors or witness inappropriate behavior, please report it to any staff member. Violators are subject to removal from the facility and/or discharge from the practice.

DATE: _____

PATIENT/POA/GUARDIAN SIGNATURE: _____

PRINT NAME OF PERSON SIGNING: _____