

PATIENT CONDUCT AGREEMENT

This is a behavioral agreement between _____ and the Center for Natural Medicine.

In order to maintain a safe clinic environment for both patients and staff, the following behavior contract has been implemented.

By signing below, I acknowledge my care at the Center for Natural Medicine is contingent on the following expectations:

1. I will not engage in verbal threats or aggressive behavior with staff, providers, or any other person on CNM grounds or over the telephone.
2. I will communicate in a professional way with staff when I am feeling triggered or angry in order to ask for assistance with any issues.
3. I will not use language that may be offensive to staff or other patients that is based on race, gender, sexual orientation, appearance, or religion.
4. I will wait patiently when I present myself for clinic services.
5. I will comply with requests made by CNM staff or providers.
6. I will not consume intoxicating substances on CNM grounds.

By signing below I acknowledge that CNM staff agrees to the following:

1. To meet your needs to the best of our ability given the resources that we have available.
2. To communicate with you in a professional, respectful way.
3. To be available to answer questions about your medical care to the best of our ability.
4. To see you as close to your scheduled appointment time as possible or to communicate to you regarding any delay in your appointment time.
5. To review and discuss all grievances filed by you and respond within 5 business days.

Failure to comply with the above agreement may result in your being asked to leave the clinic for the day. If you are asked to leave the clinic, a warning letter will be issued to you in writing and will be included in your records with CNM. If the conduct is repeated after a one day exclusion from the clinic, a formal dismissal from care will be initiated. Incidents may be reviewed on a case-by-case basis by clinic management and a formal dismissal may be initiated at any time for serious behavioral violations.

If care is terminated, you will be permitted to access care for urgent medical issues only for 30 days following the date of termination and you will be provided with a list of outside clinics you may establish care with. It is your responsibility to establish care with another provider during that 30 day grace period.

Patient signature: _____ Date: _____

Patient name: _____