



PATIENT CODE OF CONDUCT

Thank you for choosing Northeast OB/GYN Associates for your healthcare needs. We strive to provide the best in women's healthcare and an outstanding patient experience. In an effort to provide a safe and healthy environment for our patients, visitors, staff and physicians we have chosen to implement a patient code of conduct. This policy will set clear expectations for expected behavior and engagement with our office staff and physicians.

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

- (1) If you have any questions about your care or are unhappy with the care received in our office, please contact our practice manager before you leave our office.
- (2) Questions about billing can be addressed by calling our Billing Department directly at 210-590-6195
- (3) We have a zero-tolerance policy for aggressive behavior by patients.
- (4) We ask for cell phones to be placed away and on silent during your visit. No filming is allowed.
- (5) Children should be supervised by an adult. We do not allow our staff or physicians to watch children.
- (6) The following behaviors are not permitted in our office:
 - a. Possessing firearms or any weapon of any kind
 - b. Offensive language and/or cursing in person, phone calls, voicemails, email, text, etc.
 - c. Intimidating or harassing staff, physicians or other patients
 - d. Making threats of violence through phone calls, letters, voicemail, email or other forms of written, verbal or electronic communication
 - e. Physical assault of any kind
 - f. Damaging medical/business equipment or property
 - g. Making menacing or derogatory gestures
 - h. Making racial or cultural slurs or other derogatory remarks
 - i. Not following office protocol/procedure, specifically COVID-19 safety measures

If you witness any of the above behaviors please immediately notify a manager, staff or physician.

If in violation of any of the above behaviors we reserve the right to ask patients/visitors to leave and could be discharged from the practice. The safety of our patients, staff and physicians is our top concern. Thank you for committing to help us maintain a safe environment.

Patient First and Last Name

Patient Signature

Date