



### **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:**

- 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.
- Questions about billing can be addressed by calling our Billing Department directly at 210-590-6195.
- We have a zero-tolerance policy for aggressive behavior by patients.
- We ask for cell phones to be placed away and on silent during your visit. No filming (including Skype, Facetime, etc.) is allowed.
- Only children under 2 years old who are restrained in a car seat or stroller will be allowed back in the exam room with patients. The child must stay in the car seat or stroller at all times. Children between the ages of 2-11 will not be allowed in the exam room under any condition. Children 12 years and older are permitted to wait in the lobby unsupervised.
- 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

***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.

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Patient First and Last Name

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Patient Signature

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Date