

PATIENT CODE OF CONDUCT

| Pat | tient Name (First and Last): | Date of Birth: | | |
|---------|--|--|---|--|
| | 1C Primary Care is committed to providing quality pect a safe, respectful, and inclusive environment | primary care for the entire family. Our patients can in all of our practices. | ı | |
| | return, we have certain expectations of our patienese expectations. | nts. Our Patient Code of Conduct outlines some of | | |
| tha | e expect our patients to speak and behave in a reset results in a patient becoming dissatisfied, there AC staff will listen, and whenever possible, work t | · | | |
| | ords or actions that are disrespectful, racist, discrid could be cause for discharge from our practice. | minatory, hostile, or harassing are not acceptable Examples of these include: | | |
| 1. | . Offensive comments about others' race, accent, religion, gender, sexual orientation, or other personal traits | | | |
| 2. | Refusal to see a clinician or other staff member based on these personal traits | | | |
| 3. | 3. Physical or verbal threats or assaults | | | |
| 4. | Possession of a weapon while on the premises | | | |
| 5. | Sexual or vulgar words or actions | | | |
| 6. | Disrupting another patient's care or experience | | | |
| | | are notified and given 30 days to find a new AC may see the discharged patient for an acute issu | e | |
| | s Code of Conduct is in place ensure that DMC is tient. | able to provide a positive experience for every | | |
| Ву | signing below, I agree to abide by DMC's Patient | Code of Conduct: | | |
| Sig | nature of Patient/Legal Representative: | Date | | |
| Pri | nt Name of Legal Representative (if applicable) | Relationship to Patient | | |