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**Patient Conduct Policy**

To provide a safe and healthy environment for staff, visitors, patients and their families, the practice of Dr. Benjamin Leeexpects 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.

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

* If you have any questions about the care or are unhappy with the service received in our office, please contact our practice manager before you leave our office so that any clarifications about your care or the services you received can be addressed.
* Please communicate all issues that you wish to discuss with the doctor at the time your appointment is scheduled, so that an appropriate amount of time can be allotted. If you do not do this in advance, another visit may be necessary so that the doctor can give all patients the time and quality of care they deserve.
* Questions about your billing can be addressed with our practice manager.
* Our practice follows a **zero-tolerance** policy for aggressive behavior directed by patients against our staff.
* Please be courteous with the use of your cell phone 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:**

• Possessing firearms or any weapon (unless you are a law enforcement officer)

• 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

• Physically assaulting 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

• Making racial or cultural slurs or other derogatory remarks

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

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name