American Academy of Ambulatory Care Nursing

Shaping Care Where Life Happens

Patient/Provider Behavioral Agreement

Dear _____ **Date _____**

We are committed to providing you with high quality healthcare. In order to accomplish this, we must be able to work together with you to achieve our common goals. This is only possible in a mutually safe and respectful environment. Because we have identified behaviors that may be putting our ability to care for you at risk, it is important to clarify the following expectations.

1. **Effective immediately:** Any of the following behaviors will result in an immediate call to the _____ Police and Security Department and/or the local Police Department and may result in your immediate, and if needed permanent, removal from _____ grounds.
    - Any physical aggression towards any _____staff member, patient, or visitor including punching, hitting, striking, shoving, grabbing, or throwing of any object.
    - Any sexual advances or aggression, either physical or verbal, towards any _____ staff member, patient, or visitor.
    - Any verbal aggression or inappropriate language including swearing, cursing, screaming, yelling, or berating any _____staff member, patient, or visitor.

2. **Additionally:** We expect your compliance in the following areas:
    - You are to treat all _____ staff members with courtesy and respect.
    - You will be respectful in your communication to all _____ staff members and follow the established guidelines for calling, paging, e-mailing, writing or faxing any member of the _____staff.
    - You will participate in good faith in your provider's established plan of care.

3. **You can expect the following from us:**
    - A continued commitment from your healthcare team to provide the care that is most appropriate for you.
    - All staff will be honest, respectful, and truthful in their communication with you.
    - We will listen to and address any concerns or questions that you have about your care.
    - You will be given notice if your care is to be terminated or transitioned in any way. We look forward to continuing to work with you in a cooperative and respectful relationship.

Patient Signature _____ **Date _____**

Provider Signature _____ **Date _____**