



## CODE OF CONDUCT POLICY

Catawba Pediatric Associates, PA is pleased to accept patients who have requested our services. We do not discriminate based on sex, race, national origin, ethnic background, sexual orientation, or religious affiliation.

We would like our patients to know that we respect their need for a safe, friendly, and caring environment in which to receive care. It is important for patients to know that we will take steps when necessary to ensure that all visitors to our practice are prevented from experiencing any abusive or offensive behavior while they are visiting us. We expect everyone at our practice, which includes physicians, staff, patients, vendors, and other visitors to behave in a civil, courteous, and respectful manner.

However, we do reserve the right to discontinue service to patients/parents who are not compatible with our providers or staff. We consider the following behaviors to be incompatible with our practice:

- Unwilling to follow medical recommendations or treatment plans.
- Unwilling to schedule recommended follow-up visits or tests as prescribed by our physicians or repeatedly missing scheduled appointments.
- Vulgar or abusive speech toward your child, our physicians, our staff, or other visitors to our practice.
- Abuse of our facility, equipment, or supplies.
- Threatening behavior of any kind toward your child, our physicians, staff, or other visitors to our practice.
- Poor hygiene such as excessively dirty clothing or body, and offensive body odor.
- Wandering the clinical areas unescorted otherwise violating patients' privacy rights as outlined under HIPAA.
- Disrespect for the needs of other patients visiting our practice.

While the great majority of our patients and families do not fall into any of these categories, we are required to advise all of our patients/parents of our policy and not single out any one patient or patient family.

Anyone who demonstrates the behaviors outlined above will be asked to take corrective action before returning to our office. Continued untoward behavior will result in the termination of further care at Catawba Pediatric Associates, PA.

By signing below, I am acknowledging that I have read and understand the above policy.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date of Birth