

## Sacramento Colon & Rectal Surgery Medical Group

### Patient Behavior Agreement

We at Sacramento Colon & Rectal Surgery (SCRS) are committed to providing patient and family-centered care that includes care team and patient working together towards compassionate and excellent care in an environment that promotes comfort, healing, and mutual respect. The following expectations will be required of our patients:

- We expect at least a 24-hour notice to cancel any appointment. Your time is invaluable and we try to respect this. If you have two no-shows or two less than 24-hour cancellations, you may be asked to seek care outside of this practice.
- Patient and care team will work together to provide the best possible care for the patient in a respectful environment.
- Any rude, threatening, demeaning comments or behaviors will be considered unacceptable. Care will be temporarily suspended if care team member feels uncomfortable. Care will resume when respectful behavior is observed and respectful communication is used.
- Any physically threatening behavior demonstrated by the patient will result in the patient being asked to leave the office and authorities will be called. If repeated offences of this same nature continue then the patient/MD relationship will be suspended. We will assist you with finding care outside this practice.
- Families are welcome and recognized as an important part of the patient's care, however, SCRS will not tolerate profanity, disruptive behavior, or any other behavior that interferes with the care of a patient.
- SCRS has a zero-tolerance policy for any alcohol or drug use before the patient appointment or while on our premises. If the patient and or family member(s) appear to be under the influence and it is affecting patient care, they will be asked to leave and the patient's appointment may need to be rescheduled to a later date.
- Please note that any unacceptable behavior and or action by the patient and or family member(s) may be documented in the patient's chart and will be a part of the patient's permanent record.

Patient name \_\_\_\_\_

Patient signature \_\_\_\_\_ Date \_\_\_\_\_