



Patient and Visitor Code of Conduct Policy

To our patients,

Vascular Surgical Associates, P.C. is committed to providing high quality of care in a safe, caring, respectful and inclusive environment. We believe that everyone deserves to be treated with respect regardless of their race, ethnicity, gender, sexual orientation, religion, or other personal characteristics.

Our Patient and Visitor Code of Conduct outlines the expectations for behavior within our practice. This includes but is not limited to the following:

- Everyone will be treated with kindness, dignity and respect. Refusal to see a clinician or other staff member based on their race, ethnicity, gender, sexual orientation, religion or other personal characteristics is prohibited.
- Respectful, appropriate language and behavior must be used at all times. Making discriminatory or harassing comments or jokes or disrupting the environment using profanity or vulgar words in person or by phone will not be tolerated.
- All patients and visitors will respect patient privacy and avoid disrupting other patients' care or experiences. Engaging in physical or verbal abuse to patients, visitors or staff is prohibited.

If you or your visitor engage in behavior that violates our Patient and Visitor Code of Conduct, the following could occur:

- Patients and/or visitors may be asked to leave in the case of non-emergency care, you will be given an opportunity to explain your point of view, which will be considered prior to any decisions regarding future non-emergency care at Vascular Surgical Associates, P.C. However, please be aware for severe violations may result in your being asked to seek non-emergency vascular care elsewhere for the safety of our patients, visitors and staff.
- Visitors may be asked to leave and could be restricted from future attendance at patient medical appointments.

If you witness or are the target of any of these behaviors, please report it to a manager, surgeon or staff at Vascular Surgical Associates, P.C.

Thank you for your cooperation in helping us to maintain a safe and welcoming environment for all our patients, visitors, and staff.

Sincerely,

Vascular Surgical Associates, P.C.

Patient Name: _____ Date: _____

Patient Signature: _____ Patient MRN: _____

