



## NEC Code of Conduct for Patients

Welcome to Nevada Eye Consultants!!

It is our primary goal at NEC to provide you with the best possible care when you are visiting our office. In order to provide a safe and healthy environment for staff, visitors, patients and their families, Nevada Eye Consultants expects 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 your care or are unhappy with the service received in our office, please contact someone from our management staff 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 by either our Billing Manager or one of our billing staff.
- Our practice follows a **zero-tolerance policy** for aggressive behavior directed by patients against our staff.

### The following behaviors are prohibited:

- Possessing firearms or any weapon
- 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 the facility and/or discharge from the practice.**



By signing below, I agree to abide by the conditions set forth in the above **NEC Code of Conduct for Patients**.

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Patient Signature

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Date

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Printed Name of Patient