



### FRHC Patient Code of Conduct

- Center for Women’s Health       Family Health Center       Medical Surgical Center
- Dental Center       Pediatrics       Samaritan Health Center
- Greene County Health Center       Star Pediatrics

\*\*\* Please read and sign at the bottom of this form indicating your agreement to this policy\*\*\*

#### Late Cancellation of Appointments

You must call to cancel a scheduled appointment prior to the appointment to avoid being considered a “no show”.

#### No Show’s

You can be dismissed from all **FRHC** sites if you do not show to three (3) scheduled appointments. Dismissed patients may be accepted back as patients only after they are seen for 3 walk-in/work-in visits.

#### Insurance/ financial Policies

Co-Payment is due at the time of service.

#### Late for appointment

If you are more than **15 minutes** late for your scheduled appointment, you may not be seen and will possibly need to reschedule.

#### Forms

FRHC providers will complete forms for patients within **7-10 days** of receipt depending on their availability

#### Behavior/ Conduct

Using foul language, verbal abuse or threatening behaviors towards staff, providers and or patients could be grounds for dismissal from all **FRHC** sites.

#### Records

There will be a charge for copies of medical records obtained for your self  
No charge will be incurred when copies of records are requested by and sent directly to another provider.

#### Photographs/ Video/ Voice Recording

The taking of photographs/ video recordings or voice recordings (without permission) is strictly prohibited by any patient, family member or visitor at any of the Five Rivers Health Centers sites.

#### Firearms/ Weapons

Firearms and other weapons are not permitted on FRHC property.

#### Non- Discrimination of Staff by Age, Gender, Race, Religion, Sexual Orientation for Patient Safety

FRHC will make every effort to accommodate the patient’s cultural and religious needs and requests as long as patient safety and quality of care provided are not compromised.

#### We ask the following of our patients as a Code of Conduct.

- No profanity in the office.
- Please refrain from cell phone conversations, while at registration and patient care areas.
- Please inform friends and family members to adhere to the code of conduct as well.

**Print Patient Name:** \_\_\_\_\_ **Patient Date of Birth:** \_\_\_\_\_

**Patient/ Guardian/ Guarantor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing you are agreeing to adhere to the above FRHC policy.  
**Thank you for choosing Five Rivers Health Centers for your medical needs.**