

Chicago Family Asthma & Allergy, SC  
Dr. Aaron Donnell, Dr. Kelly Newhall  
2551 N Clark St, Suite 100  
Chicago, IL 60614  
(773) 388-2322 Fax (773) 388-2333



### **Patient Code of Conduct and Zero-Tolerance Acknowledgment**

To ensure the safety, well-being, and dignity of our staff, patients, and visitors, Chicago Family Asthma & Allergy maintains a strict zero-tolerance policy for abuse, violence, or threatening behavior. By signing this form, you acknowledge that you have received, read, and understood our Patient Code of Conduct, which outlines the behaviors expected from all individuals while on our premises or communicating with our staff.

### **Patient Code of Conduct**

We ask for your cooperation in maintaining a safe and respectful environment for everyone. Unacceptable behaviors include, but are not limited to, the following:

- **Physical violence:** Any form of physical violence, assault, or aggression towards staff, other patients, or visitors.
- **Verbal abuse:** Using abusive, threatening, obscene, or derogatory language, including insults or racist or sexist remarks, in person or over the phone.
- **Intimidation or harassment:** Any behavior intended to intimidate, stalk, or harass others.
- **Threats:** Making explicit or veiled threats of violence or harm.
- **Damage to property:** Intentional damage to the medical office's property or the property of staff or other patients.
- **Sexual harassment:** Any unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature.
- **Illegal acts:** Engaging in illegal activity while on the premises.
- **Unreasonable demands:** Persistent or unrealistic demands that place undue stress on staff, preventing them from fulfilling their duties.

### **Consequences of Violating the Policy**

The medical office will not tolerate violations of this policy. Should a violation occur, appropriate action will be taken, including:

- Immediate termination of the patient's relationship with the practice.
- Withdrawal of non-emergency medical services.
- Involvement of law enforcement, when appropriate.
- Discharge of the entire household from the practice, if the removed patient's continued presence or access risks staff safety.

### **Acknowledgment**

I, the undersigned patient or legal guardian, acknowledge that I have received, read, and understand the Patient Code of Conduct and Zero-Tolerance Policy of Chicago Family Asthma & Allergy. I understand that any violation of this policy may result in my dismissal from the practice.

- **Patient name:** \_\_\_\_\_
- **Parent/Legal guardian name:** \_\_\_\_\_
- **Signature (relationship to patient):** \_\_\_\_\_
- **Date:** \_\_\_\_\_