

Patient Contract Form

The medical and nursing staff of [institution/facility] are committed to providing comprehensive healthcare to all our patients, as well as providing a safe, comfortable and restful environment that serves to make each patient's hospital stay as pleasant as possible. We also strive to provide the best possible setting to enable each patient to receive the most beneficial and nurturing care and treatment necessary to address their individual healthcare needs.

This commitment to provide comprehensive medical care applies to patients at the [rehabilitation, if applicable] facility, and includes a commitment to you as an in-patient at the [rehab center] as well.

Our commitment can be compromised when a patient exhibits behavior that is abusive or disruptive towards other patients or towards members of our staff. In such instances, the well-being of other patients can and often is affected, and can act to delay or disrupt such patients' wellness or recuperative process. Though through his or her behavior, a patient may not intend to disturb or injure other patients, the fact remains that such behavior, if permitted to persist, often does affect patients residing nearby. Similarly, any abusive or disruptive behavior by a patient can and often will negatively affect a member of the medical or nursing staff seeking to provide that patient or other patients the necessary medical care.

To provide you and other patients at the [institution/facility] appropriate medical care, the full cooperation of each patient is necessary.

Your cooperation will be demonstrated by your agreeing and adhering to the following points, which shall constitute your Health Care Agreement:

- I will treat the staff of the Medical Center with respect and demonstrate that respect by refraining from loud, profane (swearing), inappropriate, threatening, sexually

explicit, and hurtful language or behavior towards others, including my physicians, members of the nursing staff, any other staff member of the facility, and any other patient at the facility;

- I will not physically touch or attempt to touch any individual in a harmful or inappropriate fashion;
- I understand that the Medical Center can neither safely nor effectively provide medical care to me or to others if I fail to comply with any component of this Contract. Should I fail to comply with any component of this Contract, I understand and agree that the Medical Center shall seek to transfer me to another facility willing to undertake my care and attend to my specific medical needs.

[Choose Option A or B as appropriate.

Option A: Due to my physical impairment, I am unable to enter my signature, below. I hereby authorize _____ to execute a signature on my behalf. Prior to that authorization, or

Option B: Prior to signing this Contract, I have read and/or had explained to me the components of this Contract and I have asked all questions that I felt necessary in order to ensure that I understand the meaning and intent of this Contract.

Patient [or, if signed by authorized agent: (on behalf of NAME)]

Witness

Date