

Signed (Parent / Guardian / Patient, if over 18)

Behavior Policy	
Patient's Name:	Date of Birth:
Our practice is a family friendly pediatric office caring f families. Although occurrences are rare, Salisbury Pec families, and our staff deserve to be protected from ver to respect and work together for the child's best interes	diatrics feels strongly that our Patients, their bal abuse and aggressive behavior. We all need
We have developed and will strictly enforce a "No Toler threatening or aggressive behavior, crude graphics or restrictions/rules apply to any and all actions toward pastaff at Salisbury Pediatrics. Furthermore, these rules communications to our office staff and clinicians. We epediatric patients, families, and staff.	language on clothing, and larceny. These atients, other family members, visitors, and the shall also apply to telephone calls and written
Our mission is to provide the best care and treatment for request at any time, please call the Patient Satisfaction to timely address each and every request.	
Please sign below that you understand, agree to, and we Policy", there will be <u>no</u> further warnings, second chancimmediate transfer of care health care provider of your emergency care while you are completing the transfer,	ces, or exceptions. Violations will result in choice. (We <u>may</u> provide up to 30 days of
While we understand that disagreements may occasior manner. Depending on the degree of infraction, we res Services, law enforcement, and other appropriate ager charges at our discretion.	serve the right to involve Child Protective
Thank you for your interest in making Salisbury Pediatr family friendly environment.	ics office and grounds a wholesome and safe,

Date