

**BEHAVIOR CONTRACTS WITH PATIENTS****OPS.027**

Approved By:	Chief Operations Officer	Adopted Date:	Unknown
Distribution:	Site Administrators, Medical Providers, Dental Providers, RN Coordinators	Revision Date(s):	07/00, 06/01/12

**PURPOSE:**

To define policy for patients that exhibit unacceptable behaviors or poor care compliance.

**POLICY:**

When a patient's behavior or compliance is such that the care being given is seriously jeopardized then it may be time for a written contract. Written contracts focus on the problem, the agreed upon behavior and consequences. Don't write a contract if you aren't going to follow through on the consequences.

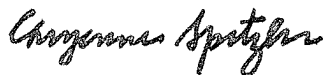
Consider the following:

- What, exactly, is the problem?
- What is the desired behavior?
- What can be done to change the behavior?

Writing the contract:

- Inform the patient of the behavior problem and the desired objectives.
- Inform the patient of the consequences of not changing their behavior.
- Provide behavior goals and consequences verbally and in writing.
- Document that contract content was reviewed verbally and in writing.
- Review contract with pertinent staff members so that they can help monitor patient behavior and respond appropriately.

Approved:



Cheyenne Spetzler  
Chief Operations Officer

Attachments:

ODCHC Form 626.5      Behavior Agreement

## BEHAVIOR AGREEMENT

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Chart #: \_\_\_\_\_

In order for us to be your healthcare provider, there must be an honest and trusting relationship between you and clinic staff. We are concerned that you are acting in a way that could harm this relationship. We ask that you change your behavior. **Failure to change your behavior may result in your discharge from this clinic.**

**OUR CONCERNS:** Clinic staff is concerned about the behaviors marked below:

- ☐ **Attitude and Behavior:** Your behavior in the clinic is not acceptable. Yelling at staff or other patients, threatening staff or other patients, cursing, making demands, using insulting language or being violent against anyone in this clinic will not be tolerated. *We expect you to stop your inappropriate behavior and communication – in person and/or on the telephone – and treat everyone in this clinic with courtesy.*
- ☐ **Misuse of Clinic Time:** You are inappropriately using telephone triage and/or after-hours services. We want you to seek medical care when you need it, but you are:
- ☐ making too many calls to the clinic and/or after-hours service;
  - ☐ making too many requests for same-day appointments; and/or
  - ☐ making too many requests for prescription refills without seeing your provider.
- We expect you to call only when it is medically necessary and follow our prescription refill policies.*
- ☐ **Treatment Recommendations:** You are not following the treatment plan of your provider. Our concern is that you are not:
- ☐ coming in for tests and examinations when recommended or scheduled;
  - ☐ not keeping appointments with specialists or other services when referred;
  - ☐ not using medications correctly;
  - ☐ not making changes in your lifestyle or doing things to help your own health.
- If you wish, you may ask to be assigned to another provider in this clinic – but you will be expected to follow the advice of any provider you see here. *We expect you to follow your provider's advice and use your medications as prescribed.*
- ☐ **Appointments:** You have missed, cancelled or come late for more than three (3) appointments. *We expect you to be on time for your appointments. If you cannot keep an appointment, you must call us to cancel at least 24 hours in advance.*
- ☐ **Other Problems and Expected Changes in Behavior:**

**UNDERSTANDING OF THIS AGREEMENT:** I have read and had the chance to ask questions about this Behavior Agreement. I understand that if I do not change my behavior, my provider can change my treatment plan, discharge me from care, or discharge me from this clinic.

**DISAGREEMENT:** If I disagree with the statements made in this Behavior Agreement, I may complete a Patient Complaint form and send it to Risk Manager, Open Door Community Health Centers, 670 Ninth Street, Suite 203, Arcata, CA 95521. My disagreement or complaint will be taken seriously and I will get the chance to discuss my concerns.

**AGREEMENT:** By signing this contract I am promising to change my behavior.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider/Site Administrator Signature

\_\_\_\_\_  
Date