

## **RUSH Patient Conduct & Safety Acknowledgment Form**

RUSH (Reliable Urgent Supportive Healthcare) is committed to providing safe, respectful, and compassionate care. To protect both patients and providers, we require all patients to agree to our conduct and safety policy. Failure to adhere to these expectations may result in being red-flagged, which means RUSH providers will no longer visit the patient's residence.

### **Behaviors That May Result in Red-Flagging (but are not limited to):**

- Verbal abuse or threatening language directed toward providers
- Physical aggression or intimidating behavior
- Sexual harassment or inappropriate comments
- Visible weapons or firearms in the home (unless lawfully secured)
- Illegal drug use or possession during the visit
- Presence of intoxicated individuals or unsafe environment
- Unsanitary conditions that pose a health risk
- Obstruction or refusal of medically necessary procedures
- Repeated last-minute cancellations or no-shows
- Any behavior that jeopardizes the safety or comfort of the provider

By signing below, I acknowledge that I have read and understand the above conduct and safety policy. I agree to maintain a safe and respectful environment for all RUSH providers. I understand that failure to comply may result in termination of future in-home services.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_