DISRUPTIVE PATIENT BEHAVIOR CONTRACT

Location: _____ Effective Date: _____

Patient Information:

Full Name: _____

Date of Birth: _____

Medical Record Number: _____

Address: _____

Phone/Email: _____

Purpose:

This contract is designed to address and manage disruptive or inappropriate behavior exhibited by the patient while receiving medical care at this facility. The purpose is to ensure a safe and respectful environment for patients, staff, and visitors.

Definition of Disruptive Behavior:

Disruptive behavior includes, but is not limited to: verbal or physical aggression, threats, harassment, noncompliance with staff directives, inappropriate language or gestures, destruction of property, and any conduct that interferes with the provision of medical care or threatens the safety of others.

Expectations and Responsibilities:

1. The patient agrees to treat all staff, providers, other patients, and visitors with respect and dignity.
2. The patient will comply with all reasonable requests and instructions given by medical personnel.
3. The patient will refrain from any behavior that is disruptive, threatening, or violent.
4. The patient understands that failure to adhere to these expectations may result in the termination of medical services or discharge from the facility.

Consequences of Disruptive Behavior:

The following actions may be taken if disruptive behavior occurs:

a. Verbal warning by staff.

b. Written warning documented in medical record.

c. Temporary suspension or limitation of services.

d. Immediate discharge from the facility if behavior poses a threat to safety or severely disrupts operations.

e. Notification of law enforcement if illegal activities or threats are involved.

Patient Rights:

The patient retains the right to receive necessary medical care and treatment as appropriate and lawful.

The patient has the right to appeal any decision related to service termination or discharge through established facility grievance procedures.

Acknowledgment and Agreement:

By signing below, the patient acknowledges having been informed of this Disruptive Patient Behavior Contract, understands its content, and agrees to abide by its terms as a condition of receiving medical care at this facility.

Signatures:

Patient Signature	**Witness Signature**
Signature: _____	Signature: _____
Date: _____	Date: _____

Facility Representative Name: _____

Facility Name: _____

Contact Phone/Email: _____

Legal Compliance and Enforcement:

This Contract is governed by the laws of the United States and applicable state statutes. It is intended to be legally binding and enforceable. Any disputes arising from this Contract shall be subject to the exclusive jurisdiction of the courts located within the state where the facility is located.