



MedStar Health

Patient Safety Agreement

In support of our providers and associates, MedStar Health has implemented a Patient and Visitor Code of Conduct to ensure that our hospitals and patient care locations are safe, caring, and inclusive. Consistent with your responsibilities under the Patient and Visitor Code of Conduct, you are required to do the following while receiving care at a MedStar Health facility:

- Everyone will be treated with kindness, dignity, and respect. Offensive comments or demands regarding race, religion, gender, sexual orientation, or personal traits are not acceptable, and neither is the refusal to see a clinician based on these traits.
- Use respectful, appropriate language. Verbal threats, suggestive or explicit words, phrases, or gestures against MedStar Health associates will not be tolerated.
- Refrain from spitting on, grabbing or physically touching staff (e.g., grabbing, slapping, punching).
- Respect patient privacy and avoid disrupting another patient’s care or experience.
- Obtain the consent of everyone involved for any photographing or video/audio recording within all MedStar Health facilities.
- Be respectful of MedStar Health property and equipment.
- Follow all the rules and regulations of MedStar Health, including those for infection control, medication administration, dietary plans, life safety and security policies and procedures affecting patient care, and conduct.

Patients who receive this agreement failed to meet the values and guidelines outlined above. Your behavior and actions violate our Patient and Visitor Code of Conduct, including:

(For providers: describe the incident below and use quotes as necessary.)

We are asking you to stop these behaviors. Your signature is required to acknowledge that you understand your responsibilities under the Patient and Visitor Code of Conduct. If you refuse to comply, MedStar Health reserves the right to ask you to leave our facility or take legal action against you.

Patient name: _____

Patient signature: _____

Provider name: _____

Provider signature: _____

Date: _____