



CODE OF CONDUCT AGREEMENT

I [Print Name] _____ do hereby certify that on this date [insert date] _____, I received a copy of this Code of Conduct Agreement for Healthcare Services and have read and understand its contents. I understand that the rights or safety of other persons. I also understand that failure on my part to adhere to the expectations described in this Agreement may lead to the immediate and total suspension of healthcare services, to the full extent permitted under federal and tribal law, and to possible civil and/or criminal action being initiated.

PROHIBITED BEHAVIOR INCLUDES, BUT IS NOT LIMITED TO:

- Possessing firearms or any weapon on the health center premises;
- Being intoxicated or under the influence of drugs, unless used as prescribed by a treating health care provider.
- Making non-consensual physical contact with real and /or perceived aggressive overtones toward health center staff and/or others;
- Throwing objects;
- Making verbal threats to harm another individual or destroy property;
- Intentionally damaging equipment or property;
- Making menacing gestures;
- Attempting to intimidate or harass other individuals;
- Making harassing offensive or intimidating statements, or threats of violence or retribution through phone calls, letters voicemail, email, or other forms of written, verbal or electronic communication;
- Making racial or cultural slurs or other derogatory remarks associated with, but not limited to, race, language or sexuality;
- Committing any fraudulent or illegal act such as permitting use of his/her medical ID card by others, forging or altering a prescription theft of prescription forms and/or theft of medications or other criminal acts on the Health Center premises;
- Engaging in other dangerous, disruptive, antisocial actions/behaviors that threaten the safe operation of the health center and administration and/or that threaten safety of employees and others; and
- Damaging, defacing, and/or stealing property belonging to the health center staff,



- Engaging in other forms of harassment, including, but not limited to, persistent inappropriate behavior.

TRIBAL BENEFICIARIES ONLY: InstaCare and other emergency services are available during suspension of tribal health services to eligible Tribal beneficiaries. Patient must follow Purchase Referred Care regulations and policies in order for Purchase Referred Care to consider payment for such services, including obtaining prior authorization.

I further understand that I may have the right to appeal any suspension of tribal services, and I agree to follow the established grievance procedure available to me.

Signed: _____ Date: _____



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