

PATIENT BEHAVIORAL EXPECTATIONS (AMBULATORY)

I understand that I am (or my child is) receiving treatment of my medical condition(s) at UK HealthCare.

UK HealthCare providers, staff, and I agree that I need treatment for my medical conditions and management of my health.

I. UK HealthCare's Responsibilities to Me (or My Child)

For UK HealthCare to give me the best care possible, its providers and staff have the responsibility to:

- Assess my medical condition(s) and health/wellness needs and develop a plan with me or any person I designate as a 'partner in care' or my surrogate.
- Discuss any concerns or worries, goals of care and treatment with me or my surrogate.
- Explain my care and answer any questions I may have.
- Be respectful and considerate of me during my treatment.
- Provide an interpreter to overcome language barriers.
- Keep my medical information private and confidential

II. My General Responsibilities

To help UK HealthCare give me the best care possible, I have the responsibility to:

- Provide accurate and complete information regarding my or my child's medical history, hospitalizations, and current health concerns so that the most appropriate care can be provided to me to improve my health.
- Work with health care professionals to develop my treatment and/or wellness plan. This includes asking questions about anything I do not understand.
- Follow treatment plans recommended by my physicians and other health professionals.
- Be respectful and considerate of other patients, visitors, providers and staff.
- Follow UK HealthCare's rules and regulations. This includes not smoking or using any tobacco products, not carrying deadly weapons on UK Healthcare property, and not engaging in rude, demeaning, threatening or disruptive behavior. This includes following clinic protocols during times of a pandemic, such as wearing masks, washing hands, and practicing social distancing. This applies to any guests accompanying me during visits.

III. My Specific Responsibilities

If I am being seen in one of UK HealthCare's clinics:

- I agree to be on time based on stated arrival time, which may be earlier than my appointment time. If I am late, the appointment may be cancelled per the clinic policy and I will be rescheduled.
- I will not smoke in any room.
- I agree that I will not leave the exam room until my office visit is complete.
- I agree only to use medicines that are prescribed as part of my treatment plan. I will not change dosages without speaking to my healthcare provider. I will also stop taking medications that I am instructed to do so.

PATIENT BEHAVIORAL EXPECTATIONS (AMBULATORY)

- I understand that violence or participation in any illegal activity at the clinic may result in treatment termination, referral to law enforcement, and possible discharge from the practice.
- I agree to discuss concerns about my care with UK HealthCare providers and staff.
- I understand there is a zero tolerance policy to: verbal abuse, profanity, vulgarity, threatening words/actions, sexual harassment, physical threats, and physical attacks that may result in treatment termination, referral to law enforcement, and/or possible discharge from practice.
- **I understand that if I do not or cannot comply with this agreement:**
 - My physician and/or other provider(s) will revisit goals of care with me
 - I may no longer be eligible for this treatment or treatment may be delayed or take longer.
 - I will be required to sign a Care Contract if I engage in unsafe and/or illegal behavior.
 - I may be discharged from the practice.
 - I understand the risk of not complying with my care and/or leaving against medical advice may result in incomplete treatment, worsening symptoms, other complications and/or death.

IV. UK HealthCare Responsibilities to Meet Your Expectations.

To help UK HealthCare to continuously improve my experience, I have the responsibility to:

- Inform my healthcare provider and team what needs are not being met.
- Complete the patient experience survey that I receive so I can let the clinic and providers know what they are doing right and what things need to be improved.
- Call or email the Office of Patient Experience at 800-431-4894 (UKHCCustomerService@uky.edu) to let them know how the clinic did not meet my health care needs.

NOTE: Interpretive services **must** be offered for preferred languages other than English.

I have read these conditions of care, which have been explained to me. I understand that if my child is a patient, these conditions also apply to me as the parent / custodian or guardian of any such minor child. I have been given an opportunity to ask questions. I understand the answers to my questions and agree to the conditions of care outlined in this policy.

Signatures

Patient or Patient's Legal Representative

Date / Time



UK Healthcare Pediatric Cardiology

Patient Label Here

PATIENT BEHAVIORAL EXPECTATIONS (AMBULATORY)

Interpreter Name or ID #

In-person or via Cyacom (circle one)