Code of Conduct Policy

Patient name: _____ Patient DOB: _____

Our Physical Therapists, Pilates instructors and administrative staff are committed to providing a safe, respectful, and welcoming environment for every patient, family member, and caregiver. We will treat you with courtesy and consideration, and we will always put your safety first.

In return, we ask that you extend the same courtesy to everyone in our clinic, including staff, providers, and other patients. We also ask that you arrive on time, answer your provider's safety questions, and follow safety instructions during your session. The following behaviors are not permitted:

- Verbal abuse, including raised voices, profanity, insults, name-calling, or threats
- Harassment, discrimination, or demeaning or inappropriate remarks
- Throwing or slamming objects, physical aggression, or violent behavior
- Damage to or theft of clinic property
- Photographing or recording staff or other patients/clients
- Disregarding safety instructions, or using equipment without staff supervision
- Intentionally disrupting your own care, other patients' care, or clinic operations
- Not following the clinic's attendance, cancellation, or financial policies

If conduct is inconsistent with this policy, we will give a verbal and/or written warning. We may then adjust scheduling or supervision, or discontinue services and help you find another provider. Behavior that threatens the safety of staff or patients/clients, including violence or threats, may result in immediate discharge and, when necessary, contact with law enforcement.

If you have a concern about your care, or you witness inappropriate conduct, please tell your provider, any staff member, or the owner. We take every concern seriously and will handle it with discretion.

By signing, you certify that you have read and understand this policy and will follow it while receiving care at Blue Sky. If you are signing for a minor or another patient, you are doing so as their parent, legal guardian, or authorized representative.

This policy will be reviewed periodically and updated as needed. If you have questions or suggestions, please share them with our team. Thank you for your cooperation.

Signature: _____ Full name: _____

Date: _____ Relationship to patient: _____