

Patient Code of Conduct

Thank you for choosing Malinoski & Associates DDS PC as your primary dental care provider. Our friendly and experienced team promises to treat you with respect and kindness at all times. We take pride in providing the best possible patient experience. In return, we have outlined our expectations of you as a patient in our practice.

In order to provide a safe and positive environment for our team, visitors, patients and their families, Malinoski & Associates DDS PC expects all patrons to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights or safety of other patients and our team.

When visiting our practice, please consider the following:

- **Please arrive on time for scheduled appointments.** Arriving more than 15 minutes late may result in having to reschedule. We do our best to accommodate all scheduled patients and emergencies, and arriving late without notice can cause long wait times for other patients.
- **If you need to cancel or move an appointment,** please give our office as much advance notice as possible. Missing several appointments or cancelling appointments last minute on a regular basis will result in dismissal from the practice. *less than 24 hours may incur a cancellation fee* - see *financial policy for details*.
- **If you have questions or concerns about the care provided** in our office, please contact our practice manager or Doctor so that any clarifications about your care or the services you received can be addressed.
- **Please direct any questions about your clinical care to your provider** during your appointment so that they can be addressed in a timely fashion. Questions about future treatment or larger treatment plans may require an additional consultation to ensure all of your treatment needs are addressed.
- **Questions about your billing or insurance coverage** can be addressed with a team member in the front office. For your convenience, we provide financial consultations for larger plans with our treatment planning coordinator.
- **Our practice follows a zero-tolerance policy for aggressive behavior** directed towards our team members. This form serves as your first and only warning.
- **Please be courteous with the use of your cell phone and other electronic devices.** When interacting with any of our team, please put your devices away. Set the ringer to vibrate or silent before storing away.
- **Payment of co-pays and/or deductibles is expected at the time services are rendered.** We do our best to notify patients in advance about *estimated* upcoming fees, however if you have questions about what you will owe, please give us a call or ask before you schedule your appointment.
- **The following behaviors are prohibited and will result in immediate dismissal from the practice:**
 - Possessing firearms or any weapon on premises
 - Intimidating or harassing a team member or other patients
 - Sexual harassment of a team member or other patients

- Making threats of violence through phone calls, letters, voicemail, email, or other forms of written, verbal or electronic communication
- Physically assaulting or threatening to inflict bodily harm
- Damaging business equipment or property
- Making menacing or derogatory gestures or remarks
- Making racial or cultural slurs or other derogatory remarks
- Failing to comply with financial obligations
- Having a series of missed or cancelled appointments without prior notice

Patient dismissal from the practice may result in being escorted from the building depending on the offense, and will result in the delivery of a certified letter and email notification.

By signing below, you and/or your guardian agree to the above expectations and terms.

_____ Patient Signature

_____ Patient Name (Print)

_____ Date

_____ Signature of patient parent or legal guardian/POA (if under 18 or under the legal guidance of a caregiver)