

PATIENT INFORMATION/LABEL		
Patient Name	_____	
DOB	MR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CSN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date _____

Patients and Visitors Code of Conduct

Genesis HealthCare System (Genesis) works to provide a safe and healthy environment for everyone who walks through its doors. Genesis expects patients, staff and visitors to refrain from behaviors that are disruptive or pose a threat to the rights and safety of others. The following behaviors are prohibited and will not be tolerated:

- Carrying firearms or other weapons while on Genesis property;
- Physically assaulting, endangering or inflicting bodily harm;
- Committing arson;
- Throwing objects;
- Climbing on furniture or toys (adults are expected to supervise their children at all times);
- Verbally threatening to harm a person or destroy property;
- Making menacing or threatening gestures;
- Destroying personal or health center property;
- Making harassing, offensive or intimidating statements or threats of violence through phone calls, letters, voicemail, email, or other forms of written, verbal, or electronic communication;
- Making cultural, ethnic or racial slurs or other derogatory remarks about, but not limited to, someone’s appearance, ethnicity, language, race or sex;
- Smoking while on health center property.

If you are subjected to any of these behaviors or witness inappropriate behavior, please report it to any staff member. Violators are subject to removal from the facility and may be reported to appropriate law enforcement, and patient violators may be asked to make other plans for care/treatment.

Signature of Patient/Patient Representative

Name of Patient/Patient Representative

Date/Time

