***LETTER TEMPLATE- Developing a Patient Behavioral Plan***

Dear [PATIENT],

We want you to know that it has been our ongoing commitment to provide you high-quality health care and excellent services. At [HOSPITAL], we are proud to employ highly skilled caregivers, and it is our expectation that they are treated respectfully at all times.

In order to provide high-quality, compassionate and safe care, we must be able to work together with you in a professional and respectful manner. On [DATE] and [DATE], the clinical team and a patient advocate met with you about your refusal to follow the plan of care using a loud and threatening tone when speaking to the techs working in Day Infusion. As there have been more difficulties identified with your most recent visit to Day Infusion on [DATE], we feel it is now important to clarify expectations.

Effective immediately, the following behaviors will result in an immediate call to hospital security and the town police department:

* Any abusive, loud, threatening, inappropriate language including swearing, cursing, screaming, yelling, or berating hospital personnel or consultants
* Physically acting out toward hospital personnel or consultants including punching, hitting, striking, shoving, grabbing and use of objects to injure, as well as sexual advances

Please know that in addition to the above behaviors, any actions that are disruptive may also result in the staff calling hospital security and the town police. If this occurs, you may be escorted out of the hospital and/or have your future ability to visit restricted or denied.

Additionally, we expect hat you will respectfully communicate concerns with treatment recommendations to the appropriate provider, clinical professional or with Patient Relations at [CONTACT NUMBER].

It is also important for you to understand that in order to continue getting care at [HOSPITAL], you will need to cooperate with your physician’s orders and plan of care. If you fail to do so, you may be discharged/dismissed from the hospital or outpatient clinic. If you are discharged from our care, you can expect the following from us:

* Continued commitment from our Team to provide the care that is most appropriate for your emergency healthcare needs.
* All staff will be honest and truthful in their communication with you.
* We will treat you for emergency situations. Non-emergency situations should be addressed by a Primary Care Physician. If you need referrals for a Primary Care Physician, please contact Physician Referral at [CONTACT NUMBER].
* Discontinuation of non-emergent care should hospital/clinic staff or consultants feel threatened or mistreated by you.
* Communication from your physicians regarding their clinical recommendations and the reasons for these recommendations. In the event that you feel we cannot work together as a team to take care of you, please let us know. We will help facilitate a transfer to another hospital where you feel you would receive care that better meets your expectations.

We want what is best for you and can only achieve this by first having a cooperative and respectful working relationship with you. It is our hope that these expectations are clear and helpful and prevent future difficulties.

cc: Hospital security

 Town police department

 Risk Management

 Emergency Department Medical Director

 Vice President of Medical Affairs

 Vice President of Nursing/CNO