Ochsner Patient and Health Care Team Partnership Agreement

This partnership agreement is entered into between

____________________________________
(Name of Patient or
Patient Representative/Relationship to Patient)

(“You” or “Patient”) and

____________________________________
(Physician)

for purposes of setting forth expectations required to foster an environment of care and comfort. The expectations of both the patient and Ochsner health care team are as follows:

(1) Ochsner and your health care team are committed to providing the best possible care to you and to doing so compassionately. Every patient has the right to expect this level of care in an environment of mutual respect.

(2) Your Ochsner health care team (physicians, nurses, social workers, therapists, technologists, etc.) is committed to communicating with you in an open, respectful manner as to your health and progress.

(3) Ochsner is committed to providing its patients an environment which is as safe and secure as possible.

(4) It is expected that both your Ochsner health care team and you will work together cooperatively to achieve the common goals of healing and comfort.

(5) It is expected that you will participate willingly in your care plan.

(6) Ochsner has Zero Tolerance for the following conduct by its patients or visitors:

(a) Any acts or threats of physical violence or aggression or comments, even those of a joking nature, about such acts or threats;
(b) Use of or possession of explosives, firearms, other weapons, controlled substances, or alcohol;
(c) Intentional damage to hospital property, or the property of other patients, family, staff;
(d) Comments, slurs, personal insults, or the like that a reasonable person would view as demeaning, disparaging, degrading, harassing, or intimidating;
(e) Repeated shouting, use of swearing, rudeness; or
(f) Any behavior that, according to your providers, interferes with their ability to care for you.
(7) It is your responsibility to:

(a) To remain respectful with your care team including all clinic staff and/or employees to ensure they can best meet your care needs.
(b) To accept your physician’s treatment plan as a recommendation to provide with the best possible outcome, according to standard clinical practice.

Ochsner and your health care team expect you to refrain from such behavior described above. Anyone who violates the Ochsner Zero Tolerance policy after signing this Partnership Agreement, including you as our patient and your families and friends visiting you, will be subject to the appropriate consequences, depending on the circumstances of the individual case and including, but not limited to: (1) intervention by Ochsner Security or local law enforcement agencies; (2) restriction of visitation; (3) transfer to another facility; (4) discharge otherwise; or (5) termination of the provider-patient relationship.

________________________________________

Patient/Patient Representative, Please Initial:

1. ______ I have read and understand the above-listed behavioral expectations. I also understand that failure to meet these expectations will subject to the appropriate consequences, depending on the circumstances of the individual case and including, but not limited to: (a) intervention by Ochsner Security or local law enforcement agencies; (b) restriction of visitation; (c) transfer to another facility; (d) discharge otherwise; or (d) termination of the provider-patient relationship.

2. ______ I have received a copy of this unsigned Partnership Agreement.

Patient/Representative Signature: _______________________________ Date: ____________

Provider Signature: __________________________________________ Date: ____________

Witness Signature: ___________________________________________ Date: ____________

Witness Signature: ___________________________________________ Date: ____________

***This document does not replace the patient’s bill of rights which can be found at: https://www.cms.gov/ccio/resources/regulations-and-guidance/