



Patient Noncompliance/Abusive Behavior Documentation Form

Patient Label

Refer to "Patient Communication Regarding Noncompliance and Termination" Policy and/or Procedure for guidance.

1. Date of Occurrence: \_\_\_\_\_ Type of Incident: \_\_\_\_\_
Brief description of incident, including any discussion with patient. Please also include name of staff member completing form:
[ ] Medical Director was notified. Date: \_\_\_\_\_ Method of Contact: \_\_\_\_\_
[ ] The following letter was sent to the patient via certified mail with return receipt requested: (date: \_\_\_\_\_)
[ ] Warning Letter #1 [ ] Warning Letter - Abusive Behavior [ ] Termination Letter

2. Date of Occurrence: \_\_\_\_\_ Type of Incident: \_\_\_\_\_
Brief description of incident, including any discussion with patient. Please also include name of staff member completing form:
[ ] Medical Director was notified. Date: \_\_\_\_\_ Method of Contact: \_\_\_\_\_
[ ] The following letter was sent to the patient via certified mail with return receipt requested: (date: \_\_\_\_\_)
[ ] Warning Letter #2 [ ] Warning Letter - Abusive Behavior [ ] Termination Letter

3. Date of Occurrence: \_\_\_\_\_ Type of Incident: \_\_\_\_\_
Brief description of incident, including any discussion with patient. Please also include name of staff member completing form:
[ ] Medical Director was notified. Date: \_\_\_\_\_ Method of Contact: \_\_\_\_\_
[ ] Patient Termination Letter was sent to the patient via certified mail with return receipt requested: (date: \_\_\_\_\_)

\*Termination Letters MUST be written by the HealthPOiNT Medical Director. Termination Letters will not be sent unless the Medical Director was notified of both warning letters or received documentation of an abusive behavior event as outlined below.

Please note: HealthPOiNT has a zero tolerance policy toward abusive behavior from patients. In the case of a true threat from a patient, please complete an occurrence report and gather written statements from all staff who witnessed the event. Notify the Medical Director and appropriate administrator immediately.