

**Intake Form -**  
**Patient Code of Conduct**

I hereby declare that I am aware of and understand the clinic's Zero Tolerance Policy towards abusive behavior in any form, as outlined below. I understand that reserves the right to terminate the therapeutic relationship and cancel future appointments if I engage in any of the following acts/behaviors under any circumstances:

- Sexually charged comments or language
- Sexual assault in any form, including but not limited to unwanted touching
- Derogatory racial or sexual remarks
- Other abusive language
- Other offensive sexual gestures or behaviors
- Threats or threatening behavior causing alarm or distress
- Violence or any act of aggression
- Willful damage to clinic property

is committed to providing a safe, healthy, secure, and respectful environment for all staff, patients and visitors. We appreciate your commitment to helping to maintain a positive environment.

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**Patient Name**

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**Date**

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**Patient Signature**