As an individual participating in a clinical learning experience at Coastal Pediatric Associates, I pledge to follow these **Standards of Behavior** to contribute to an environment that is RESPECTFUL of others, ADAPTIVE to change, and ACCOUNTABLE for outcomes:

**ADAPTABILTY**

I will:

* maintain a positive, willing and flexible attitude;

**RESPECT**

I will:

* treat patients, visitors, and CPA employees with respect and courtesy.
* embrace diversity throughout the location with patients and their families
* respect the individuality, privacy and dignity of patients, visitors, and CPA employees;
* take all measures to protect the privacy of patients
* keep all interactions positive by not engaging in negative behaviors such as gossiping, back-stabbing, non-verbal negative insinuations, undermining, withholding, infighting and arrogance;
* discuss internal issues only with those who need to know;
* refrain from criticizing CPA;
* show respect for all employees regardless of their position in the hierarchy of the organization

**EXCELLENCE**

I will:

* take pride in the workplace and help keep clean by cleaning up litter, debris and spills promptly;
* maintain a safe environment for patients, their families and CPA employees.

**ACCOUNTABILITY**

I will:

* wear appropriate clothing that is in compliance with practice standard;
* take pride in my overall appearance;
* take responsibility for making sure that my actions, behaviors and decisions reflect positively on CPA;
* support a culture that finds solutions
* hold myself accountable for providing professional and reliable service in a consistent manner;
* communicate any concerns, suggestions and ideas to the Practice Manager in an open and honest manner;
* uphold patient, employee and company confidentiality;
* adhere to and uphold CPA policies and procedures that pertain to the clinical learning experience;
* acknowledge and respond in a professional and timely manner.

In addition, I understand that any and all information that I may see or hear relating to a patient is to be considered confidential. At no time will I discuss or in any way relay information, whether spoken, written or electronic, pertaining to a patient, the patient’s condition, and the events surrounding the patient’s visit. I understand that I am always required to maintain the confidentiality of this information, both during my learning experience and after its end. I acknowledge that I have been given a copy of HIPAA training, have read it, and understand it. I will abide by its provisions and understand that failure to do so will result in the termination of my learning experience. I further understand such a breech may make subject to legal action.

Signature: Click or tap here to enter text. Date: Click or tap to enter a date.