

Zero Tolerance Policy

AllerVie Health is committed to providing a safe, respectful, and professional environment for all patients, families, and staff. This Zero Tolerance Policy defines unacceptable behaviors and ensures a culture of safety, trust, and dignity in all settings.

We have zero tolerance for behavior that threatens the safety or well-being of others, including violence, harassment, discrimination, abuse, intimidation, or retaliation. No individual shall be subjected to hostile or harmful treatment while receiving or providing care.

Prohibited conduct includes:

- physical or verbal threats
- harassment or discrimination based on race, color, sex, age, national origin, disability, or any protected status
- abuse or neglect of patients or coworkers
- use or possession of illegal substances
- retaliation against anyone who reports misconduct or cooperates with an investigation.

Reporting: Any employee, patient, or visitor who witnesses or experiences prohibited behavior should report it immediately to a supervisor, Human Resources at hr@allervie.com, or Compliance at compliance@allervie.com. All reports will be investigated promptly and confidentially. Appropriate corrective action, up to and including termination or removal from premises, will be taken when violations occur.

Patients or visitors who engage in prohibited behavior may be asked to leave the premises or be discharged from care once medically stable. Employees must model professional behavior, complete annual conduct training, and report violations without fear of retaliation.

All reports and investigations will be handled confidentially. Retaliation against any person who, in good faith, reports about a concern or participates in an investigation is strictly prohibited.

Violations may result in disciplinary action, including suspension, termination, or legal consequences. This policy works alongside our Code of Conduct, Workplace Violence Prevention Policy, and Harassment Policy.

By entering AllerVie Health facilities or representing AllerVie Health, all individuals agree to uphold this Zero Tolerance Policy.

Name: _____

Parent or Legal Guardian: _____

Signature

Date