



# Sage Neuroscience Center

7850 Jefferson ST NE Suite 300, Albuquerque, NM 87109

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## Professional Visitation Policy

We are always excited to welcome visitors to Sage. In order to maintain a Professional and Private atmosphere within our clinic, we ask that all visitors be familiar with, sign, and observe our professional visitation policy. Violations of this policy may result in temporary or permanent loss of access to the clinic.

### **Scheduling a Visit**

Visitations must be scheduled ahead of time through our Communications Office. You may schedule an appointment to visit our office by viewing the schedule at: [www.sageclinic.org/visitors](http://www.sageclinic.org/visitors)

***Our Primary Care Clinic and Psychiatric Clinic are under one umbrella;  
We DO NOT schedule separate breakfast, lunches, or snacks for either clinic.***

“Drop In” visits are not allowed, with the exception to drop off samples as requested by a Staff Member.

### **Checking In/Out**

All visitors must sign the visitors log when entering and leaving the clinic. You will receive a visitor's name tag which we ask you to wear while in the Clinic.

### **Authorized Visitation Areas**

While visiting Sage we ask that you stay within non-patient areas of the Clinic. This includes the Lunch Room, Group Room, Business Office, and the Communications Office.

You must be escorted and accompanied to all other areas of the Clinic, including but not limited to the Medication Sample Closet, Medical Assistant's Office, and Provider Offices. In order to protect patient privacy we specifically ask that you do not linger in the hallway or at the front desk.

## **Non-Disclosure Agreement**

While visiting Sage you may gain access to confidential information. This includes, but is not limited to: Patient Information, Business Practices, and Proprietary medical Information.

Please review and sign the following Non-Disclosure Agreement.

I, \_\_\_\_\_, agree that in consideration for access to Sage Neuroscience Center  
(Print Name Clearly)  
and proprietary information I will:

\*Keep all information provided to me in strict confidence.

\*Share this information only within my organization when relating to business regarding Sage.

I have read and understood the conduct expectations of Sage Neuroscience Center and I agree to abide by the guidelines set forth as long as I am a visitor to the Clinic.

\_\_\_\_\_  
*Name (Print Clearly)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*Contact Phone #*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*List of Product(s)*