



Munster Eye Care Associates, P.C.
Comprehensive Ophthalmology/Optometry and Optical Dispensary
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Munster Eye Care Associates, P.C. Teamwork Policy

As part of the Munster Eye Care Associates, P.C. Team and with our shared organizational goal of excellent patient care, I will adhere to the following:

1. I will accept responsibility for establishing and maintaining healthy interpersonal relationships with every member of this team.
2. I will talk to my co-worker(s) promptly if I am having a problem with them. The only time I will discuss it with another person is when I need advice or help in deciding how to communicate with them properly, and I will seek this advice from a team leader or the administrator.
3. I will establish and maintain a relationship of functional trust with every member of this team. My relationships with each of my co-workers will be equally respectful, regardless of job titles, levels of educational preparation or personal relationships.
4. I will not engage in the “3 B’s” (Bickering, Back-stabbing, and Blaming). I will instead practice the “3 C’s” (Caring, Committing, and Collaborating) in my relationships with my co-workers and ask that they do the same with me.
5. I will not complain about another team member and ask that they do to same. If someone hears me doing so, they will ask that I talk to that person promptly and privately.
6. I will accept my co-workers as they are today, forgiving past problems and ask that they do the same with me.
7. I will be committed to finding solutions to problems, rather than complaining about them or blaming someone.
8. I will affirm each team members’ contribution to the quality of our work.
9. I will remember that none of us is perfect, and that human errors are opportunities, not for shame or guilt, but for learning and growth.

In signing this agreement I acknowledge that I will adhere to all of the above policies effective immediately.

Non-compliance to any of the above listed policies will be subject to disciplinary action up to and including termination.

I further understand that this acknowledgment is in no way a contract for employment, and that Munster Eye Care Associates, P.C. or I may terminate my employment at any time.

Employee Signature/Date

Practice Representative Signature/Date