

COMMUNITY OUTREACH SERVICE

CODE OF BEHAVIOUR

I agree to abide by the following statements whilst I am a client of the Community Outreach Service (COS):

- 1. I agree to participate in my treatment plan and goal setting as discussed with me by COS staff and my psychiatrist.
- 2. I have the right to discuss treatment options with COS staff and my psychiatrist.
- 3. I agree to inform COS staff and my psychiatrist if I am feeling distressed, impulsive, unsafe or at risk of self harm.
- 4. I agree to use the medication prescribed for me in accordance with dosage instructions
- 5. I will discuss my concerns or complaints with COS staff or utilise the complaints process.
- 6. I agree to notify COS staff of any need to change or cancel appointments in advance (preferably 24 hours notice).
- 7. I agree not be alcohol or drug effected during COS visits.
- 8. I agree not to use verbal or physical aggression.
- 9. I agree not to smoke whilst a COS staff member is present in my home.
- 10. I will contain pets in a safe manner whilst a COS staff member visits at my home.

Failure to comply with the above conditions may result in the discontinuation of COS treatment and support.

Patient Name

Patient Signature

Date

Staff Name

Staff Signature

Date