

DAY PATIENT PROGRAM AGREEMENT

While I am a day patient at Delmont Private Hospital, I will abide by the following agreement. I understand that any behaviour which is not in accordance with that required by this agreement may result in my discharge from the program. If I am not prepared to abide by any conditions in this agreement, I will discuss this with my Psychiatrist/Physician or Day Program Coordinator.

1. I accept any reasonable treatment discussed with me and prescribed by my psychiatrist. I accept that all treatments are individually prescribed. I agree to use medication in accordance with dosage instructions.
2. I will participate in all prescribed aspects of the treatment process, including the scheduled program and activities. I understand that I have the right to discuss my attendance with my treating psychiatrist.
3. I will inform staff and my treating psychiatrist if I am feeling distressed, impulsive, unsafe or at risk from self-harm.
4. I will discuss any concerns or complaints with a staff member.
5. I will treat other clients, staff and hospital property with respect at all times. I acknowledge that any threatening, obscene or abusive language or behaviour is unacceptable at this hospital.
6. I will complete registration form before attending therapy groups. If I leave the program before completion, I will inform the program clinician and patient services staff of same.
7. **I will not consume alcohol on the premises nor return to the program after having consumed alcohol elsewhere.** I understand that my doctor will advise me regarding the consumption of alcohol while taking prescribed medication or while unwell.
8. I will not take, have in my possession or store on the premises any illicit drugs.
9. I will accept responsibility for the safety of my personal belongings and any valuable items I choose to keep with me while I am attending the program.
10. I will schedule appointments if possible with other treatment providers outside group therapy time.
11. **I will respect confidentiality and privacy** of others during the program and in the dining room.
12. I will attend the program on time and inform staff if unable to attend. I understand that a \$25 non-attendance fee will be charged to me, as explained by hospital staff, if I do not inform staff that I am unable to attend my scheduled program.
13. I will **not smoke** on Delmont Hospital Grounds
14. I agree to attend the following group(s) as discussed in my intake assessment.