



# 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*