 **Client Code of Conduct**

**Health & Wellness Clinics**

****This Client Code of Conduct explains the responsibly of all Georgian College Health & Wellness Clinics before, during, and after care.

The code is to make sure clients, students, and staff have a great experience in our clinics.



Clients who continue to receive care treatment at Georgian College Health & Wellness Clinic will have to follow rules, regulations, policies, and the law.

**This code of conduct is also for other people who may bring the client into the office for their appointments.**

**Clinic Clients are Responsible for the Following:**

 **Client will treat all staff members with respect with words, body language, or actions.**

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**Client will not be violent in any way (verbal, sexual, or physical) to any person.**

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**Client will be honest with all communication with staff.**

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**Having illegal drugs or alcohol when coming to appointments is not allowed.**

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 **Prescription and over the counter drugs may be brought to the clinic can be used.**

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 **Our Clinics are smoke free.**

**Weapons (including firearms) are not allowed in our buildings**

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**Coming to appointments “under the influence of drugs or alcohol” can limit the rights, and services, or no longer being able to come to appointments at the clinic.**

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 **Persons thought to be under the influence of drugs or alcohol at any Georgian College Health & Wellness Clinic**

* **staff will call someone to pick them up.**
* **or a ride will be arranged by our staff.**
* **If they leave the clinic driving a car, the police will be called.**

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**By signing this paper, I accept that I have read and understood the rules talked about above.**

**I understand at any time my care may be stopped at Georgian College if my behavior or case is believed to be inappropriate for this setting with students.**

**I also understand that Georgian College Health & Wellness Clinics are not giving lifesaving care and that I have choices to get the same care somewhere else.**

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**Printed Name of Client or Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Client or Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**