## **MAJOR HAÜS**

MAJOR CHANGES Rehab Centre www.majorchangesrehab.com #58 North Montrose Avenue P.O. Box N-4119 Nassau, Bahamas Phone: (242) 601-5145

Email: <u>info@majorchangesrehab.com</u>
Website: <u>www.majorchangesrehab.com</u>

Facebook: <a href="https://www.instagram.com/majorchanges.rehab">www.instagram.com/majorchanges.rehab</a>

## CODE OF CONDUCT FORM

## FOR PATIENTS, PARENTS & VISITORS

In an effort to provide a safe and healthy environment for our team and patients, Major Changes Rehab Centre expects patients, parents and accompanying family and visitors to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights or safety of patients and our team. To assist in providing this, all persons accessing the service of the practice are expected to observe the Practice Code of Conduct.

## The Code of Conduct states:

Persons attending the practice whether in person, via telephone or video conferencing should behave in a manner that respects the rights of others and the practice environment.

The following behavior falls outside the code of contact and is therefore considered to be unacceptable:

- Physical assault or any form of threatening / aggressive gestures and / or actions
- Excessive noise obtrusive to others (staff, other patients and visitors)
- Use of threatening / abusive / intimidating / harassing or obscene behavior in any form
- Offensive language of a racial, cultural, sexual or personally derogatory nature
- Demands for appointments for services despite being advised they are full
- Theft or damage to property
- Inappropriate behavior involving alcohol / substance misuse
- Requests that would constitute illegal or unethical behavior

Any person acting in an unacceptable manner will be asked by a member of team to cease behavior and requested to observe the Code of Conduct. Failure to do so, could result in removal from the practice list.

Violent behavior (verbal or physical) is never tolerated and will result in police prosecution of the aggressor and the direct and immediate removal of the patient concerned from the practice list.

As a patient registered at Major Changes Rehab Centre, I confirm and have read, received and understood the Code of Contact and agree to abide by it.

PATIENT NAME:	
SIGNATURE:	
DATE:	