

**Client Code of Conduct**

**Health & Wellness Clinics**

**Purpose**

The purpose of the Client Code of Conduct is to define the responsibility of all Georgian College Health & Wellness Clinic (GCHWC) clients before, during and after treatment. The goal of this Code is to ensure that clients, students and staff all have a positive experience in our setting by having established clear parameters with respect to client conduct. All clients, as a condition of their continued treatment at the GCHWC will abide by our rules, regulations, policies, and all other lawful standards.

This code of conduct also applies to chaperones and caregivers who may bring the patient into the office for their appointments.

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

1. Client will treat all staff members with respect with words, body language, or gestures.

2. Client will refrain from any form of violence (verbal, sexual, or physical) to any person. This includes sexual,

ethnic, or other types of harassment, whether verbal or physical in nature.

3. Client will be honest and factual with all communication with staff

4. Client will be considered non-compliant for repeated and/or deliberate violation of GCHWC rules or policies.

5. Possession of illicit drugs or alcohol on the premises is not allowed.

6. Legal prescriptions and over the counter drugs may be brought on premises and used in their prescribed manner.

7. Our centers are smoke free

8. Weapons (including but not limited to firearms) are not allowed within our buildings

9. Attending sessions/appointments “under the influence” may be grounds for restriction of privileges, rights, and services, or termination/discharge.

10. Persons believed to be under the influence at any GCHWC facility will be given the opportunity to call someone to pick them up, or transportation will be arranged by our staff. If they leave the facility driving a vehicle, law enforcement will be notified.

By signing this document I acknowledge that I have read and understood the aforementioned expectations.

**Further to that I understand that at any time my treatment may be discontinued at the discretion of Georgian College if my conduct or case is deemed inappropriate for this setting with student learners.**

I also understand that Georgian College Health & Wellness Clinics are not providing lifesaving services and that I have options to seek the same or similar treatments elsewhere.

Printed Name of Client or Legal Guardian:

Signature of Client or Legal Guardian: Date: