

## PATIENT CODE OF CONDUCT

**You must read and sign this together with your other Registration Forms to be accepted as a patient at Southgate Medical Group**

It is the aim of the Crawley Clinical Commissioning Group and Southgate Medical Group to provide a safe and pleasant environment in which patients and visitors may receive healthcare and staff may carry out their work.

To assist in providing this, all persons accessing the services of the practice are expected to observe the Practice Code of Conduct.

The Code of Conduct states:

**Persons attending the practice whether in person or by telephone should behave in a manner that respects the rights of others and the practice environment**

The following behaviour falls outside the Code of Conduct and is therefore considered to be unacceptable

- Excessive noise obtrusive to others (staff, other patients & visitors)
- Use of threatening / abusive / obscene language or any form of shouting
- Offensive remarks of a racial, sexual or personally derogatory nature
- Demands for appointments or services despite being advised they are full
- Damage to property
- Theft
- Spitting
- Threatening / aggressive gestures and / or actions
- Inappropriate behaviour involving alcohol / substance misuse

Any person acting in an unacceptable manner will be asked by a member of staff to stop behaving in such a way and to observe the Practice Code of Conduct. If a person repeatedly fails to observe the Code of Conduct, the Clinical Commissioning Group will make alternative arrangements for the patient concerned to receive his/her healthcare. The patient will be advised of these arrangements in writing.

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

## CODE OF CONDUCT AGREEMENT

DOB

Patient Full Name(s)  First Name(s):  Surname:

Home Address

As a patient registered at Southgate Medical Group, I confirm I have received, read and understood the Practice Code of Conduct and agree that I/my relative \_\_\_\_\_ (**Name**) will abide by it in all contact with the Surgery.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_