

Patient Code of Conduct

Help us make our clinic a safe place for everyone.

Under the Victorian Occupational Health and Safety Act 2004 (the Act), we must provide a safe and healthy work environment for all workers (including employees, contractors and visiting service providers) and the general public (patients & visitors).

The doctors at Wangaratta Medical Centre have a professional responsibility to be familiar with the Good Medical Practice: A Code of Conduct for Doctors in Australia. This code describes what is expected of all doctors and sets out the principles that characterise good medical practice and makes explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community.

The staff at Wangaratta Medical Centre follow a Code of Conduct where all employees will behave in a courteous and professional manner whilst maintaining the levels of service and care which the practice and our patients expect.

In return, Wangaratta Medical Centre requests all patients and visitors to the centre help us to make our clinic a safe place for everyone. We request that all parties treat everyone with respect.

We will not accept or tolerate:

- Swearing at staff or in the presence of staff/other patients
- Shouting or making offensive remarks
- Making verbal or physical threats
- Racism
- Attending when intoxicated with alcohol and/or drugs
- Damaging or stealing property
- Acting in a manner that is likely to cause harassment, alarm, or distress to others in the general practice
- Physical attack, such as pushing, shoving, grabbing, hitting, pinching, scratching, kicking, biting, spitting or any other type of direct unwanted physical contact.
- Aggravated assault, such as attacking with a weapon (knives, guns, clubs) or any other type of weapon (thrown object, furniture etc.)
- Sexual harassment and/or sexual assault

Anyone who carries out the above behaviour/s will be asked to leave and their future attendance at the practice may be discontinued resulting in having to seek health care elsewhere.

I, _____ have read the information above and understand the reasons why my information must be collected, and the purposes for which my information may be used or disclosed. I understand that if my information is to be used for any purpose other than that set out above, my further consent will be obtained.

I, _____ give permission for my personal information to be collected, used and disclosed as described above, including contact via SMS to my mobile phone number. I understand only my relevant personal information will be provided to allow the above actions to be undertaken and I am free to withdraw, alter or restrict my consent at any time by notifying this practice in writing.

Patient name: (please print) _____

Signature: _____ Date: ___/___/___

If not patient signing - your name (please print) _____

Your relationship to patient (e.g. Mother, Father, guardian) _____