



# Selsey Medical Practice

## PATIENT CODE OF CONDUCT

**You must read and sign this together with your other registration forms to be accepted as a patient at Selsey medical practice**

It is the aim of Coastal West Sussex Clinical Commissioning Group and Selsey Medical Practice 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 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 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 contact and is therefore considered to be unacceptable

- Excessive noise obtrusive to others (staff, other patients and 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 for 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 patient will be removed from the practice list.

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

## CODE OF CONDUCT AGREEMENT

DATE OF BIRTH:	
FULL NAME:	
ADDRESS:	

As a patient registered at Selsey medical practice, I confirm I have read received and understood the practice code of contact and agree that I/my relative name will abide by it in all contact with the surgery.

Patient signature: \_\_\_\_\_

Date: \_\_\_\_\_