Ramsay Clinic New Farm

Youth Service Agreement

MRN: _____

Surname: _____

Given Names: _____

DOB: _____ Sex: _____

Treating Dr: _____

(please affix Patient Identification label here, if available)

The Ramsay Clinic New Farm Youth Health Service is committed to providing a supportive therapeutic environment for everyone who stays at the clinic. In order to ensure that the admission is therapeutic to you and to the other young people, it is a requirement that you follow the treatment agreement below whilst in hospital and when on leave.

I acknowledge and agree:

- To engage in my Treatment Plan (as per my Care Plan), including attending **group therapy** as recommended by my psychiatrist.
- I will not consume alcohol or drugs whilst an inpatient or whilst I'm on leave from the Clinic.
- I will take medications as prescribed by my psychiatrist whilst in the Clinic and whilst I'm on leave from the Clinic. Nursing staff will dispense all medications to me. Medications will only be prescribed after they have been explained to you and you have the opportunity to agree to the treatment.
- Mobile phone use is not permitted whilst attending the group therapy program (this includes use of smart watches, tablets or similar devices).
- Razors and sharp implements are not permitted on the ward. These will be stored in the nurses station.
- I agree to comply with the Ramsay Clinic New Farm dress code standard.
- I will respect all patients and their privacy and confidentiality (this includes not disclosing the identities of other patients admitted to the Clinic to third parties, taking photos or posting details of other patients on social media).
- I am not permitted to enter other patients' bedrooms at any time.
- A component of my Treatment Plan includes establishing a healthy sleep/wake cycle. To assist in establishing this, as well as out of respect for others, I agree to remain quietly in my room between 10pm and 7am, with lights out by 10.30pm. During this period, I agree to turn off the television, and avoid phone calls, showering and laundry activities. I will seek out staff support if I am having difficulty sleeping.
- In consultation with my psychiatrist, and subject to my category status (i.e. the frequency of observations required), leave may be approved **outside** of the unit's group therapy program hours.
- I will not leave the Clinic without the approval of the nursing staff.
- I agree to adhere to no touching and to maintain personal space with other patients.
- I understand that verbal and physical aggression or a disrespectful attitude towards peers, staff or other treatment providers is not tolerated in the Clinic. I understand that following staff consultation with my psychiatrist, these behaviours may result in my discharge from the Clinic.
- I agree to refrain from engaging in inappropriate conversations with other patients, such as drug glorification, self-harm/ suicidality, past trauma, body size, sexual behaviour and/or inappropriate eating behaviours. I understand that following staff consultation with my psychiatrist, these behaviours may result in my discharge from the Clinic.
- to not visit Inpatients at the hospital for 6 weeks following my discharge.
- If I have feelings of self harm, I will utilize distraction techniques and seek out staff support immediately as detailed in my slef-harm management plan.

Patients aged under 18 years:

- I acknowlege and agree to the points above. I will remain on at least Category 2 observations (i.e. observations every 60 minutes) for the duration of my admission.
- I acknowledge that my legal guardian(s) must be nominated on the Carer Nomination Form, to allow for appropriate care coordination.
- I may only take leave from the Clinic, if approved by my psychiatrist and guardian, with a responsible adult and **outside** of the unit's group therapy program hours.
- If I am granted leave, I will return to the Clinic by 8.00pm and report directly to the nursing staff.
- I will not smoke or purchase cigarettes whilst in the Clinic or whilst I am on leave from the Clinic. Nicotine replacement therapy (NRT) is available on admission.
- As a further strategy to assist me in establishing a healthy sleep/wake cycle, I will not use my mobile phone after 9pm and allow staff to secure the device until morning.
- Visitors under the ages of 18 must be supervised by the parent/legal guardian of the consumer during clinic visits.

Ramsay Clinic New Farm

Youth Service Agreement

MRN: _____

Surname: _____

Given Names: _____

DOB: _____ Sex: _____

Treating Dr: _____

(please affix Patient Identification label here, if available)

In agreement with my Parent/Guardian, I may leave the Clinic with:

Full Name (and relationship to patient)	Mobile Phone Number

In agreement with my Parent/Guardian, I may leave the Clinic with:

Full Name (and relationship to patient)	Mobile Phone Number

I am aware that if I deliberately breach this agreement, that a meeting led by my psychiatrist will be conducted to review my suitability for the Treatment Program. A refusal to comply with the agreed conditions specified in this agreement may result in discharge from the Clinic.

Patient Name:	
Signature:	**Date:**
Witness Name:	
Signature:	**Date:**
Parent / Guardian Name:	
Signature:	**Date:**

BINDING MARGIN - DO NOT WRITE

YOUTH SERVICE AFREEMENT

NFC 136 CL

Ramsay Clinic New Farm

Youth Service Agreement

MRN: _____

Surname: _____

Given Names: _____

DOB: _____ Sex: _____

Treating Dr: _____

(please affix Patient Identification label here, if available)

Outings

Staff-accompanied outings involving leaving the Clinic premises are part of the program to provide opportunities for practising skills such as behavioural activation and graded exposure therapy.

I agree to the patient attending staff-accompanied outings when deemed clinically appropriate by the multidisciplinary team.

Parent / Guardian Name:	
Signature:	**Date:**

Education Details

Name of educational institution:	Year Level:
Has the school been notified that the patient is in hospital? ☑ YES ☑ NO	
Permission for hospital staff to contact the educational institution? ☐ YES ☑ NO	
Details of any specific issues that need to be addressed relating to school – e.g. dates of HSC exams / poor school attendance / urgent assessments requiring completion:	
Details of any leave requests to attend school events (exams / graduation assemblies etc):	

Patient Name:	
Signature:	**Date:**
Witness Name:	
Signature:	**Date:**
Parent / Guardian Name:	
Signature:	**Date:**

BINDING MARGIN - DO NOT WRITE

YOUTH SERVICE AFREEMENT

NFC 136 CL

Reset Form