



MRN: _____

Surname: _____

Given Name: _____

DOB: _____ Sex: _____

(please affix Patient Identification label here, if available)

Youth Service Agreement

As a component of inpatient treatment (including whilst on leave from the Clinic), I understand that I am required to comply with all relevant Clinic guidelines and policies.

I acknowledge and agree:

- To engage fully in all components of my Treatment Plan (as per my Care Plan), including attending **all 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.
- 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 Northside group 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, or taking photos).
- 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, 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.
- RHC mental health facilities have an obligation to provide a safe, therapeutic and healing environment for all service users. Therefore, discharged patients are not permitted to visit Inpatients at the hospital for 6 weeks post discharge.
- If I have feelings of self harm, I will utilize distraction techniques and seek out staff support immediately.
- I agree to allow the hospital to liaise with my school, Tafe and/or university to ensure requirements are met.

BINDING MARGIN - DO NOT WRITE

YOUTH SERVICE AGREEMENT

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Patients aged under 18 years:

- I acknowledge 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 I 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 9pm 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) 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.

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, Visitors may include:

Full Name (and relationship to patient)	Mobile Phone Number

I am aware that if I deliberately breach this agreement, that a multidisciplinary team 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: _____

Signature: _____ Date: ____/____/____

Parent / Guardian Name: _____

Signature: _____ Date: ____/____/____

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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 *(please circle)*

Permission for hospital staff to contact the educational institution? Yes / No *(please circle)*

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: _____

Signature: _____ Date: ____ / ____ / ____

Parent / Guardian Name: _____

Signature: _____ Date: ____ / ____ / ____

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