Centre intégré de santé et de services sociaux de la Montérégie-Ouest
Québec

MOCLI60601

Facility : _____

File: _____

Last name, first name: _____

Date of birth: _____ ☐ F ☐ M
yyyy-mm-dd

RAMQ no : _____ Exp. _____
yyyy-mm

Mother's name : _____

SERVICE USER'S COMMITMENT TO RESPECT THE CODE OF CONDUCT - CRD

Code of conduct - CRD's residential withdrawal management and addiction rehabilitation services:

- Determine the behaviours that are expected and prohibited, based on our 5 golden rules*;
- Propose rules of conduct** that aim to:
  - Maintain a positive environment conducive to a productive stay that will help you achieve your goals;
  - Avoid problems in the living environment and between residents and staff;
  - Allow everyone to develop the skills needed to achieve their goals.

*Our 5 golden rules are fundamental. They are needed to maintain a safe and harmonious environment for everyone.
A breach of the golden rules could lead to the end of your stay
** Repeated violations of the code to conduct will disrupt the group and could lead to consequences.

BEFORE REGISTRATION (*Must be signed prior to admission and emailed to crd_administrationstphilippe.cisssmo16@ssss.gouv.qc.ca*)

☐ **CONFIRMS** having read the *Code of conduct - CRD's residential withdrawal management and addiction rehabilitation services;*
☐ **CERTIFIES** having been given the information needed to understand the *Code of conduct - CRD's residential withdrawal management and addiction rehabilitation services;*
☐ **AGREES** to follow the 5 golden rules and the code of conduct.

_____ Date _____
User's signature / Signature of the authorized person* yyyy/mm/dd
*For a minor age 14 and under and a person incapable of giving consent

☐ Verbal consent obtained from the user or the authorized person

_____ Date _____
Signature of case worker or professional yyyy/mm/dd

ON THE DAY OF ADMISSION

☐ **CONFIRMS** having read the *Code of conduct - CRD's residential withdrawal management and addiction rehabilitation services*;
☐ **CERTIFIES** having been given the information needed to understand the *Code of conduct - CRD's residential withdrawal management and addiction rehabilitation services;*
☐ **AGREES** to follow the 5 golden rules and the code of conduct.

_____ Date _____
User's signature / Signature of the authorized person* yyyy/mm/dd
*For a minor under age 14 and a person incapable of giving consent

☐ Verbal consent obtained from the user or the authorized person

_____ Date _____
Signature of case worker or professional yyyy/mm/dd