

Nutritional Therapy Terms of Engagement

This document is confidential and a signed copy must be retained by both the Client and the Nutritional Therapist (NT)

Nutritional Therapy Descriptor

Nutritional Therapy is the application of nutrition science in the promotion of health, peak performance and individual care. Nutritional therapy practitioners use a wide range of tools to assess and identify potential nutritional imbalances and understand how these may contribute to an individual's symptoms and health concerns. This approach allows them to work with individuals to address nutritional balance and help support the body towards maintaining health. Nutritional therapy is recognised as a complementary medicine and is relevant for individuals with chronic conditions, as well as those looking for support to enhance their health and wellbeing.

Practitioners consider each individual to be unique and recommend personalised nutrition and lifestyle programmes rather than a 'one size fits all' approach. Practitioners never recommend nutritional therapy as a replacement for medical advice and always refer any client with 'red flag' signs or symptoms to their medical professional. They will also frequently work alongside a medical professional and will communicate with other healthcare professionals involved in the client's care to explain any nutritional therapy programme that has been provided.

The Nutritional Therapist (NT) requests that the Client notes the following:

- The degree of benefit obtainable from Nutritional Therapy may vary between clients with similar health problems and following a similar Nutritional Therapy programme.
- Nutritional advice will be tailored to support health conditions and/or health concerns identified and agreed between both parties.
- Nutritional therapists are not permitted to diagnose, or claim to treat, medical conditions.
- Nutritional advice is not a substitute for professional medical advice and/or treatment.
- Your Nutritional Therapist may recommend food supplements and/or functional testing as part of your Nutritional Therapy programme and may receive a commission on these products or services.
- Standards of professional practice in Nutritional Therapy are governed by the CNHC Code of Conduct.
- This document only covers the practice of Nutritional Therapy within this consultation, and your practitioner will make it clear if he or she intends to step outside this boundary.

The Client understands and agrees to the following:

- I am responsible for contacting my GP about any health concerns.
- I give permission for the nutritional therapist to contact my GP regarding any agreed aspects of my case
- If I am receiving treatment from my GP, or any other medical provider, I should tell him/her about any nutritional strategy provided by my nutritional therapist. This is necessary because of any possible reaction between medication and the nutritional programme.
- It is important that I tell my nutritional therapist about any medical diagnosis, medication, herbal medicine, or food supplements, I am taking as this may affect the nutritional programme.
- If I am unclear about the agreed nutritional therapy programme/food supplement doses/time period, I should contact my nutritional therapist promptly for clarification.
- I understand that the advice is personal to me and may not be appropriate for others.
- I must contact my nutritional therapist should I wish to continue any specified supplement programme for longer than the original agreed period, to avoid any potential adverse reactions.
- Recording consultations using any form of electronic media is not allowed without the written permission of both the Client and the Nutritional Therapist.

Data Protection

We may share your sensitive information with third parties to support your ongoing healthcare.

If we do not receive this consent from you, we will not be able to coordinate your healthcare with other providers which means the healthcare provided by us may be less effective. Please confirm your consent at the end of this document.

We may also share your contact information with biochemical testing companies to order tests as part of your healthcare, some of which maybe from outside of the European Union. If we do not receive this consent from you, we will review alternative tests from providers based within the European Union. Please tick the box at the end of the form to confirm your consent.

Marketing and Information

We may like to contact you occasionally by email with promotional offers, information on upcoming events and activities, and newsletters. Please tick the boxes at the end of this form to confirm your consent.

Case Histories

We may want to share case histories to improve our practice through professional development.

This could be through conferences, lectures, online forums, and publishing in medical journals, trade magazines or online professional sites. Case histories will be anonymous. Your name, address and contact details will never be used when sharing case histories. If you are happy for your data to be used for this purpose, please tick the box at the end of the form.

Data Protection Consent

I consent to my sensitive information being shared with other healthcare providers as necessary

I consent to my sensitive information being shared with my GP if appropriate

I consent to receiving email communications from the nutritional therapist about but not limited to articles, free trainings and special offers. You can withdraw your consent to the above communications at any time by clicking on the unsubscribe link at the bottom of every email.

I consent to my data being used for the purpose of professional development (e.g. Case Studies). Data will be anonymous, your name and details will not be used.

You can withdraw your consent to the above at any time by emailing the nutritional therapist in the contact details. All data is processed in accordance with the nutritional therapist's privacy policy.

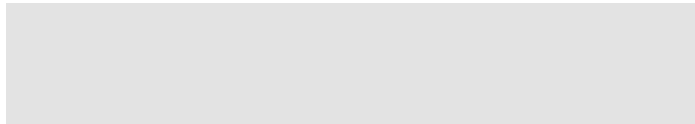
We understand the above and agree that our professional relationship will be based on the content of this document. We declare that all the information we share during this professional relationship is confidential and to the best of our knowledge, true and correct. Signing below is confirmation of the above.

PRACTITIONER NAME

PRACTITIONER EMAIL

DATE

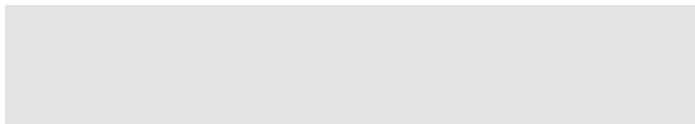
PRACTITIONER
SIGNATURE



CLIENT NAME

DATE

CLIENT SIGNATURE



To sign electronically There should be a button under "Tools" that says "Fill & Sign". Click on it and then click on the "Sign" button at the top of the tool bar. It will give you an option to type your signature, draw it, or upload a scanned signature. Do whatever is easiest for you. Please save the document with your name in the title and send back to the nutritional therapist. Alternatively you can print out and bring to the appointment.

Thank you!