

TERMS OF ENGAGEMENT

BETWEEN THE REGISTERED NUTRITIONAL THERAPY PRACTITIONER (RNTP) AND CLIENT

PART 1

The Nutritional Therapy Descriptor

Nutritional therapy is the application of nutrition and lifestyle medicine sciences in the promotion of health, peak performance and individual care. Registered Nutritional Therapy Practitioners 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 imbalance 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 frequently work alongside medical professionals and will communicate with other healthcare professionals involved in the client's care to explain any nutritional therapy programme that has been provided.

The Registered Nutritional Therapy Practitioner (RNTP) 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.
- Nutrition and lifestyle recommendations will be tailored to support health conditions and/or health concerns identified and agreed between both parties.
- RNTPs are not permitted to diagnose, or claim to treat, medical conditions.
- RNTPs' recommendations are not a substitute for professional medical advice and/or treatment.
- Your RNTP 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 *Complementary and Natural Healthcare Council (CNHC) Code of Conduct, Ethics and Performance*.
- 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 provide services that are outside the scope of nutritional therapy practice.

The Client understands and agrees to the following:

- I am responsible for contacting my GP about any health concerns.
- If I am receiving treatment from my GP, or any other medical provider, I should tell him/her about any nutritional recommendations provided by my RNTP. This is necessary because of any possible reaction between medication and the nutritional programme.
- It is important that I tell my RNTP 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 RNTP promptly for clarification.
- I understand that the recommendations are personal to me and may not be appropriate for others.
- I must contact my RNTP should I wish to continue any specified supplement programme for longer than the originally 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 me and my RNTP.
- It is my responsibility to ensure I have a working internet connection for online appointments. If I am unable to connect as scheduled, the appointment is considered a 'no show' and charged in full.

Confidentiality and Data Protection

The Registered Nutritional Therapy Practitioner will keep your personal information confidential and secure following the UK GDPR guidelines for the practice. The RNTP will not share your information with third parties without your consent.

However, if the RNTP believes there is a risk of significant harm to yourself or another person, the RNTP may pass the information onto an appropriate authority using the legal basis of vital interest.

A separate Privacy and Consent Notice is available for your review.

PART 2

Cancellation Policy & Terms of engagement

All our Nutritional Therapy programmes are paid upfront. Our contract of engagement has been entered into once we receive your completed health questionnaire.

Please note all pre-paid packages paid for upfront are non-refundable and are subject to a time limit in which they need to be used.

If you have not booked your initial consultation during our free 30 minute session then contact will be made to book once we have received your health questionnaire. Follow up appointments will be made at the end of each session. You will receive a zoom link for your session, if we are not meeting face to face.

Our goal is to provide quality care to all clients. When you book an appointment, you are holding a space on our calendar that is no longer available to other clients. In order to be respectful and fair to others, please cancel as soon as you know you cannot make your appointment.

You may cancel your appointment up to 48 hours in advance if you need to reschedule at no additional cost or forfeit of your session. Cancellations made less than 24 hours will result in that session being cancelled and is not eligible for a refund.

If you miss a session without prior discussion it will be assumed you no longer required the session and is non refundable or rebookable. That session can not be re-booked, although if you have remaining sessions these will continue.

ONLINE WORKING -Working on Zoom

It is your responsibility to have a working internet connection for all Zoom sessions. You will be charged for scheduled sessions if your nutritional therapist is waiting for your call, but you are unable to connect online.

We will call you for any phone sessions to a UK landline or mobile number if you are in the UK.

Session frequency

In order for programmes and packages to be beneficial to clients, sessions must be booked consistently. Leaving large gaps between sessions can significantly interfere with progress.

The frequency of your sessions would have been discussed at the time of booking (typically over a period of 12 weeks)

It is solely your responsibility to book all sessions during this time frame. Exceptions can be made due to holidays or illness and by prior agreement.

If sessions expire beyond 20 weeks you will not be able to redeem outstanding sessions, unless previously agreed.

Consent

We may share your sensitive information to third parties to support your ongoing healthcare. If we do not receive this consent from you, we will not be able to co-ordinate your healthcare with that provided by other providers which means the healthcare provided by us may be less effective.

Please tick the appropriate boxes to confirm your consent.

Please select all that apply

I consent to my sensitive information being shared with other healthcare providers, whose details I have provided. You will be informed by the NT prior

Please select all that apply

I consent to my sensitive information being shared with my GP (If appropriate) You will be informed by the NT prior

Please select all that apply

I consent to my sensitive information being shared with private testing companies or laboratories when ordering blood tests or functional tests on my behalf

Keeping Informed

We would like to contact you occasionally by email for promotional offers, information on upcoming events and activities and newsletters.

Please tick the appropriate box to confirm your consent to be contacted for these purposes.

Please select one

I would like to receive regular newsletters sharing recipes, ideas and tips and tricks for keeping healthy

Please select one

I would like to receive promotional offers and information on upcoming events and activities.

We understand the above and agree that our professional relationship will be based on the content of this Agreement.

We declare that all the information we share during this professional relationship is confidential and to the best of our knowledge is true and correct.

I hereby agree to the document above.

Name

First Name:

Last Name:

Signature

(This will require your client's signature)

Date