



Code of Professional Conduct

As a member of The Health Coach Alliance, I,
_____ understand that as a
condition of membership I am responsible to uphold the
organizations standards of ethics and practice as
outlined below.

I agree to the following (initial each statement):

_____ I have read and agree to abide by the Code of Ethics set
forth by The Health Coach Alliance.

_____ I understand that I am required to sign up for liability
insurance in order to hold my license with H.C.A.
I agree to have my insurance in place within 30 days of
submitting my application.

_____ I will respect and protect the privacy of other members and
the confidentiality of my clients.

_____ If a client requires advice outside of my scope of practice,
education, or experience, I agree to seek council and / or
refer them to a qualified licensed professional or physician.

_____ Should I suspect my client has any ailment or disease, I
agree to recommend they consult a licensed physician.

_____ I will always act in accordance with the spirit and principles of the laws and regulations applicable in my province(s).

Code of Professional Conduct continued...

_____ I am solely responsible to understand the laws and regulations of my province(s) of practice and will work in accordance of those laws.

_____ I understand that any forms and materials, i.e. Disclaimer Template should be reviewed by my lawyer to ensure it is in accordance of the law within my province.

_____ I will always act in a clients best interests.

_____ I will always act with diligence, integrity and professionalism.

_____ I am aware that due to the nature of the content within the membership area, a refund of any type is not available.

_____ Should my Practice become involved in a legal matter, I agree to notify the H.C.A. of the situation.

_____ I will act in a manner that reflects positively on H.C.A. and all of its members.

I agree that I will not:

_____ Recommend that a client stop taking medications, nor advise they leave their physicians.

_____ Claim that any product or service I provide will cure, treat or prevent any disease or disorder.

_____ Diagnose or treat any ailment or disease in any province where I am not permitted to do so by law.

Code of Professional Conduct continued...

_____ Practice or give advice outside of my level of education.

_____ Use professional titles that misrepresent my level of education and scope of practice.

_____ Use courses or materials provided by the association, affiliates of the association or other professionals / businesses as my own or otherwise, unless given permission to do so in writing.

Regarding the Drug & Supplement Interactions Database:

_____ I understand this is a tool to assist me to make safe suggestions to my clients regarding herbs and supplements combined with any potential prescriptions and conditions they may be taking.

_____ Should I discover an interaction with my clients herbal, prescription, supplement and or condition, I will immediately refer my client to a doctor or other qualified health practitioner to discuss the findings.

_____ I will not recommend any prescription treatment be stopped due to my findings.

I understand that failure to abide by the rules as outlined above could result in disciplinary actions which may include suspension or revoking of my licence and expulsion from The Health Coach Alliance. In such an instance, I agree to return my certificate and remove the Approved Member seal from any and all stationary, business cards, websites, social media etc. I understand there will be no refund of fees should I fail to abide by association rules and am released.

By signing this form, I am confirming that I understand all aspects of this contract.

Name: _____

Signature: _____

Date: _____