



Code of Professional Conduct

As a member of HCA Integrative Health Advocacy Ltd., operating as and hereby referred to as The Health Coach Alliance or HCA, 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 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 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 / state.

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

_____ I understand that any forms and materials, i.e. Consent Forms, Disclaimer Template etc. should be reviewed by my lawyer to ensure it is in accordance of the law within the location where I practice business.

_____ I will always act in a client's 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 HCA of the situation.

_____ I will act in a manner that reflects positively on HCA 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.

_____ 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 organization or other professionals / businesses as my own or otherwise, unless given permission to do so in writing.

_____ Represent myself or insinuate that I am government regulated professional in any way.

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 license 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: _____