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.

Please initial each statement to confirm that you understand and agree to the following: Original initials and signatures required. Please do not type your initials and signature as we cannot accept this.

Code of Professional Conduct: I agree to the following (initial each statement):

_____I have read, understand and agree to abide by the Scope of Practice and 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 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.

_____ Share HCA materials such as forms, videos, screen shots of the member site or materisl etc,

_____ I will not share my log in information or allow anyone else to view, use or access my member area.

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

Conditions of Membership:

_____ I understand that I am required to be an active member of HCA in order to be eligible to hold the HCA group discounted liability (professional members only) and / or medical / dental insurance policies. It is my responsibility to ensure my membership stays active so my policies and other perks will not lapse.

_____ I am aware that in order to protect my policies from lapsing, my membership will auto-renew one year from the original date of purchase. It is my responsibility to cancel my membership within a minimum of 48 hours prior to my expiry date.

_____ I have reviewed and understand the Terms and Conditions and agree that due to the nature of our business and the materials in the member area, HCA does not offer refunds of any kind.

_____ Should I become involved in a legal matter, I agree to notify HCA of the situation.

_____ Should my membership lapse, I agree to return my HCA certificate within 30 days of my membership ending. I will remove my title, registration numbers and member seals from all materials.

Regarding the Usage of Drug & Supplement Interactions Databases:

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

_____Should I discover an interaction with my client's current herbal products, prescriptions, supplements and/or conditions, I will immediately refer my client to a doctor or other qualified health practitioner to discuss the findings.

_____Should my suggestions indicate a possible interaction with my client's current herbal products, prescriptions, supplements and/or conditions, I will not recommend any prescription / treatment etc. 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 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: _____