

## Ciall Health Terms of Service

### Terms of Engagement

Nutritional Therapy is an individual centred approach to healthcare that employs assessment and intervention using nutritional, lifestyle based and related health sciences in order to assist the individual to optimise his or her physiological (internal processes), emotional, cognitive and physical function. This is different to the diagnosis and treatment of medical conditions which is solely carried out by doctors.

In a typical therapy consultation, the therapist will assess the individual's general health, family history, dietary habits, digestive function and lifestyle. In doing so, the therapist may recommend specific functional tests. A tailored suitable dietary and lifestyle plan will be identified and agreed between both parties.

### Client Responsibilities

You, the client, are responsible for contacting your GP about any health concerns. It is important that you notify me, the therapist, about any medical diagnosis, herbal medicine or food supplements you may be taking as this may impact your programme. Likewise, I advise that you should notify your GP about any strategy we are using if you are currently receiving treatment for any medical conditions.

It is imperative for the success of your programme that you contact me if you are unclear about any of the aspect of the programme you have received. You are also advised to report any concerns about the programme to me so that we can review and act, in particular any ill affects you may experience.

Food is the primary source of nutrients. However, supplements maybe advised. Supplement programmes are designed for short periods of time and should you wish to continue with any specified supplement longer than recommended you must advise me, so that we can discuss any potential adverse reactions.

### Discussing your expectations

We will discuss your expectations and tell you whether we think they are realistic. It is important to us that you understand at all times what is happening in your case. To help prevent any confusion or stress on your part, we will give you general information and explain any procedures regarding your programme as it progresses.

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



### Therapist & Coach responsibilities

Standards of professional practice in Nutritional Therapy are governed by the NTOI Code of Professional Practice. We will abide by the NTOI Code of Ethics. Available at <https://www.ntoi.ie/wp-content/uploads/2018/05/NTOI-COP-Public-for-webiste.-no-appendices-2.pdf>

We will exercise caution with respect to professional boundaries. We will not enter into any medical comment or diagnosis. We will refer to other specialists as is appropriate.

We will contract around confidentiality, making explicit those times when we might break confidentiality. In the event that our discussion reveals something which could be harmful to you, your health to others or is against the law we will be obliged to refer the matter through appropriate channels.

We will respect clients, discuss their expectation and not push them beyond their comfortable limits. To prevent any further stress on the we will explain the reason for their programme plan and any testing that may be suggested.

This contract is governed by GDPR legislation and with that no information will be divulged to any third party. All information will only be used in accordance with our agreement and kept secure at all times.

Payment may be made by cash, cheque, online payment or via PayPal (an invoice will be sent to you).

Bank Details:

Account Name:

IBAN XXXXXXXXXXXXX

BIC XXXXXXXXXXXXX

The duration of the initial sessions is an hour sand 30-minute follow-up sessions. The NT will be responsible for managing the time. Unless sessions are cancelled or rearranged at least one-day in advance, missed session must be paid for.

Please read the Privacy Policy & Data Statement.

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

Date:

Date:

Signed:

Signed:

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Nutritional Therapist

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Client