

Membership Code of Ethics

I will follow the Membership Guidelines, Requirements and Code of Ethics.

I will abide by and follow any State and local County laws and regulations that apply to my profession, and if required by my professional licensure board will carry professional liability insurance.

I will conduct myself in a professional and ethical manner at all times in relation to my clients, fellow colleagues, students and with the general public.

I will serve my clients to the best of my ability and with a focus and priority on the client's comfort, health and overall well-being as my utmost concern.

I will educate the client on the benefits, contraindications, and limitations of any services that I provide within the scope of practice for my holistic profession. I will not give any guarantees of specific results or outcomes from any services or products that I offer.

I will not diagnose or prescribe for any therapy or product, which requires a license or certification to practice when required by law, unless I am licensed to do so.

I will provide clients with an informed consent-disclosure statement. And provide proof of my state licensure (if applicable), and certification in my educational training.

I will maintain the client's confidentiality at all times. I will safeguard all personal information provided by the client during the consultation/evaluation, and during any future sessions. Upon written consent from the client asking to provide their information to another healthcare practitioner, will be done so within accordance of the law and privacy act requirements.

I will maintain complete and updated records for each client, and include actual dates and type of services that I provided, along with follow-up session dates/services provided, and will also include any contraindications or results (positive or negative) for each therapy session.

I will inform clients/students in advance of any fees and payment requirements for the therapy/services and educational material that I provide.

I will participate in taking continuing education, and seek to improve upon my holistic therapies education, skills and training.

I will respect the rights of other healthcare professionals, and will always work in a professional manner, and follow any guidelines and scope of practice that is required when working with a client referral from a fellow practitioner.

I will be honest and ethical in all my marketing/promotional, advertising, web-site and educational programs. I will not make false claims or list services that I am not qualified to provide.

I will follow the required guidelines for product labeling, and include instructions for safe use at all times.

I will provide a safe, clean and comfortable environment for all clients/students. All clients will be ensured sufficient privacy and comfort during each session.

I will provide professional boundaries pertaining to my profession, and educate the client on the importance of sharing any questions or concerns they may have before, during or after a session.

I will provide professional services to clients from an ethical and safe space. I will not engage in taking any drugs or alcohol prior or during any sessions or when teaching or giving instruction to students or the general public.

I will be supportive of my fellow colleagues and members, and I will not engage or participate in any negative or harmful behavior, remarks or gossip about the association, fellow members, students or clients.

I will not misuse or copy any of the association's web-site, publications, recordings or marketing materials, and I agree to abide by any copyright laws. I will contact the association in writing to ask for permission to post a web-link or information according to copyright requirements.

I agree to follow the Membership Code of Ethics and Requirement at all times, and if at any time I break the agreement, that my Membership may be revoked at any time without notice, and that I will loose access to any Membership benefits and resources, and will not receive any refunds on dues or fees paid.

Please print your name below, followed by your signature and date. Submit this form with the Membership Application. By signing this form, I acknowledge that I have read the Code of Ethics, and that I agree to abide by the Code of Ethics and Membership Requirements.

Print Name: _____

Signature: _____

Date: _____ Office Use/Date received: _____

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