

POLICIES RELATED TO NUTRITIONAL COUNSELING

These policies are put in place with the aim of ensuring the quality and safety of the nutritional counseling services. Each party (the registered dietitian and the client) has responsibilities and these policies help to preserve respect and trust between the two parties.

COMMUNICATIONS AND PRIVACY POLICY

The client can contact the registered dietitian in several ways:

- Via e-mail: info@coraloomis.com *
- On the phone: 819.588.1546
- Via Messenger from the pro @coraloomisnutritionniste page (on Facebook and Instagram)

*E-mail is the best way to get in touch with me

For meetings, there are two possibilities:

- Via video conferencing (using the secure version of Google Meet) *²
- On the phone (if necessary) *²

*² for both of these options, the client is responsible for choosing an environment that ensures confidentiality.

Any communication between the client and the registered dietitian must be recorded in the client's file. In addition, the registered dietitian is bound by the [ethical obligations governed by her professional order](#) , including professional secret and confidentiality.

No information will be shared with a third party without *permission to share and disclose client information* (see Appendix A).

NUTRITIONAL COUNSELING POLICY

The objectives, strategies and tools used during meetings are personalized and correspond to the client's needs. The information provided by the registered dietitian is therefore not adequate for other people and should not be transferred to other individuals.

It is in the client's best interest to share any changes in physical and mental health as well as lifestyle habits to the registered dietitian so that she can support and modify the goals, strategies and tools used during meetings.

The client is responsible for arriving on time for meetings. Otherwise, the meeting could be shortened or even cancelled at the clients own expense (100% of the consultation fee will be charged if the client is delayed by more than 10 minutes without attempting to communicate with the registered dietitian).

SLIDING SCALE PRICING POLICY

The sliding scale pricing policy consists of three choices of rates for nutritional counseling. The hourly rate is determined by the financial reality of the client and can be changed as needed.

120\$/hour	100\$/hour	80\$/hour
<ul style="list-style-type: none"> • I am comfortably able to meet all my basic needs (food, housing, and transportation) • I may have some debt, but it does not prohibit attainment of my basic needs • I own my home or property OR I rent a higher-end property • I own or lease a car • I am employed or do not need to work to meet my needs • I have access to financial savings • I have an expendable income * • I can always buy new items • I can afford an annual vacation or take time off 	<ul style="list-style-type: none"> • I may stress about meeting my basic needs but still regularly achieve them • I may have some debt, but it doesn't not prohibit attainment of basic needs • I own or lease a car • I am employed • I might have access to financial savings • I have some expendable income * • I can buy some new items & I thrift others • I can take a vacation annually or every few years without financial burden 	<ul style="list-style-type: none"> • I frequently stress about meeting basic needs and do not always achieve them • I have debt and it sometimes prohibits me from meeting my basic needs • I rent lower-end properties or have unstable housing • I do not have a car and/or have limited access to a car, but I am not always able to afford gas • I am unemployed or underemployed and may have access to financial aid • I have no access to savings • I have no or very limited expendable income* • I rarely buy new items because I am unable to afford them • I cannot afford a vacation or take time off work without financial burden

*EXPENDABLE INCOME might mean you are able to buy coffee or tea at a shop, go to the movies or a concert, buy new clothes, books and similar items each month, etc.

Consultations are tax-free (GST/QST) and are payable via credit card or e-transfer. A receipt will be sent following payment for each meeting, through the *Square* platform.

CANCELLATION POLICY

The client is required to communicate, as soon as possible, any cancellation or any necessary changes to the meetings.

It is possible to do so either online (through the [Square platform](#)), via e-mail at info@coraloomis.com or via phone at 819.588.1546. *Messenger (on FB and Instagram) is not suitable in this situation.*

The cancellation policy applies as follows:

- Cancellation with more than 24-hour notice (excluding weekends and holidays): no charge ;
- Cancellation with less than 24-hour notice (excluding weekends and holidays): 50% of the predetermined hourly rate will be charged;
- Absence (or delay of more than 10 minutes) without notice: 100% of the consultation fee will be charged.

Cancellation fees must be payed before the next meeting.

APPENDIX A: PERMISSION TO THE SHARE AND DISCLOSE CLIENT INFORMATION

I, undersigned _____ give permission to Cora Loomis, registered dietitian (#OPDQ: 4635) to contact the health professionals involved in my treatment, listed in the table below, when necessary. This permission will enable her to ensure the quality and coordination of services. The sharing of information can be done by phone, e-mail or letter.

I also allow the health professionals listed below to disclose any pertinent information that may be requested by Cora.

I recognize that the information disclosed bound by professional-client secret and will only be used for the purposes specified in this consent form.

Health professional(s) involved in my treatment			
Title of health professional (e.g. family doctor, psychologist)	Full name	Place of practice	Contact information (e-mail, phone number and/or address)

This consent is valid for as long as I use the services of Cora Loomis, registered dietitian. I also understand that I am free to give this consent and that I can withdraw it in writing, in whole or in part, at any time.

I acknowledge that I have read and understood the information presented in this form and I give my consent.

(client's name)

(date)

(signature)