



Momentum Health Kelowna
103 – 1664 Richter Street
Kelowna, BC V1Y 8N3

INFORMED CONSENT TO DIETETIC SERVICES AND TREATMENT

Privacy Policy

1. Development of a personal nutrition care plan may require the collection of personal information such as age, medical history, medications, height, weight, body measurements, intake, and symptoms records. You may be required to complete a nutritional assessment which may require you to keep a food journal, questionnaire, or engage in other tasks assigned by the Dietitian.
2. Your personal information will be secured in accordance with the guidelines of the College of Dietitians of BC, as well as any applicable provincial privacy legislation such as the Personal Information Protection Act, Personal Information Protection and Electronic Documents Act and the Freedom of Information and Protection of Privacy Act. Any information collected will be used only for the purpose of developing and maintaining your personal nutrition care plan and communicating (with your consent) with your healthcare providers or in the case of emergency as may be required by law. Your file will be kept on record for the length of your treatment and for at least 1 year afterwards, as per statutory requirements. You have a right to your view your medical file to ensure its accuracy, as well as to request a copy for a reasonable fee of \$40.

Liability Limitations

1. The Client understands that the role of the Dietitian is to provide current evidence-based dietary, nutritional, or wellness information and advice.
2. The information and advice provided by the Dietitian is not intended as a substitute for medical advice from your physician. The Client should always discuss any fitness regime, dietary changes, or potential dietary supplement use with your doctor in order to ensure there is no conflict with current treatment or limitations such as medications or pre-existing conditions.
3. Unless otherwise stated, it should be assumed that the dietitian has not consulted with the Client's regular physician in providing their advice and information.
4. In signing this agreement, the client recognises that any recommendations made by the Dietitian bears some risk. The Client agrees to bear the consequences of any risk which the Dietitian cannot reasonably protect you from, such as that which may result from a lack of information provided to the dietitian, inaccurate information provided to the Dietitian, improper participation or execution of recommended activities, or other factors outside of the control of the Dietitian.
5. This clause includes any medical expenses or other damages that the Client may incur during the course of treatment.
6. If any part of this agreement shall be found unenforceable it will not affect the balance of the agreement nor any other provisions contained herein.

Dispute Resolution/Mediation

1. Any complains or concerns about the services of the Dietitian which the Client feels are contrary to the Dietitian's duties under this agreement shall be raised with the dietitian for the purposes of reaching an amicable resolution.
2. If necessary, the Client agrees to engage in a third-party mediation process with the Dietitian to resolve any disputes regarding any duties or rights under this agreement.
3. Should the conflict persist beyond reasonable efforts of the parties to resolve this issue, the Client is entitled to make a complaint to the College of Dietitians of BC if they feel the Dietitian has not maintained a professional standard of service contrary to their obligations under the College's bylaws or other provincial or federal statutory requirements, such as the *Health Professions Act*. To make a complaint the Client can email info@collegeofdietitiansbc.org or call 604-742-6395.

Consent to Treatment

1. By signing my name below, I acknowledge that I have read, or have had read to me, all the above and understand the information contained herein. I have had the opportunity to ask questions about the services, nutrition care plans, privacy policy, liability limitations, collection of personal information, and any other terms which I have questions or concerns about. I understand the Dietitian has a responsibility to notify me of any risks and benefits of proposed treatments, as well as any relevant alternatives which may be available. I understand my right to withdraw my consent for treatment at any time and for any reason.
2. I understand that you may confer with my physician and other healthcare provider about my nutrition care plan and may obtain information from my physician or other healthcare provider related to the same. I also confirm that your advice and counselling do not override my physician's advice and that you may rely on information provided by my physician to make decisions about treatment, including the decision to discontinue treatment should it be in my best interest.

Patient Full Name: _____

Patient Signature: _____ Date: _____