

About Your Appointment with the Registered Dietitian

What Is Medical Nutrition Therapy?

Medical Nutrition Therapy is a key component of chronic disease management and lifestyle interventions for health. It is a nutrition-based treatment provided by a Registered Dietitian that includes a nutritional diagnosis, therapeutic and counselling interventions to help empower you to achieve optimal nutritional status. In order for you to receive the most benefit from nutrition therapy, it is important that you are informed about your role in the process.

Your First Appointment

The first appointment will be a minimum of 60 minutes in length, conducted in person, by telephone, or by videoconference. This appointment is an assessment and requires your active participation to help the Dietitian better understand your food-related goals, habits, and relationship with food.

Be Prepared

- Read and sign, or provide verbal consent over the telephone or videoconference call, the appropriate consent form(s).
- Complete a food record as instructed by your Dietitian or Administrative Assistant.
- Have a quiet, private space, free from distractions available for the length of your appointment.
- Have an open mind and be willing to make some changes to your eating/physical activity habits.
- Attend your appointments as scheduled.
- Have goals in mind that you are prepared to work towards based on your health priorities.

The Counselling Process

Long term, sustainable behaviour changes take time to achieve and your success with the counselling process is dependent upon your willingness to actively engage in the process. Follow up appointments are scheduled to assist you in reaching your goals and will be most beneficial if you attend and complete the agreed upon homework. Follow up appointments can be 30-60 minutes depending upon the level of education and support that will be most beneficial to you.

A minimum of one follow up appointment is generally required to determine if therapeutic recommendations are effective. Some patients may schedule up to seven follow up appointments to receive additional support to help in goal achievement and positive therapeutic outcomes.

If you are not ready to make behaviour changes, that is ok. You can be rescheduled at a later date when you are ready.

Communicating with the Registered Dietitian

Please call the Dietitian directly to cancel or reschedule appointments at 905-702-5120. You may also email; however, we do discourage communication of personal information and personal health information via email as we cannot guarantee privacy and confidentiality of electronic communication.

Consent to Medical Nutrition Therapy Services

Information

The Halton Hills Family Health Team (HHFHT) is pleased to offer you therapeutic support (up to 8 sessions) for medical nutrition therapy. Treatment notes are entered into your medical file in accordance with documentation standards and so that your family physician can be informed about ongoing treatment.

Attendance

It is expected that you will attend your scheduled appointments. If you cannot attend, we request 48 hours' notice to cancel/reschedule an appointment. If you "no show" to an appointment (i.e. not attend without first rescheduling or cancelling), the session will be counted against the total sessions that you can receive. It is also expected that you will phone to reschedule your appointment should you wish to continue to receive treatment.

Confidentiality

As a regulated health care professional governed by the Regulated Health Care Professionals Act, The Personal Health Information Protection Act, 2004, and the College of Dietitians of Ontario, we will respect your privacy by holding in strict confidence all information provided by you.

Information that you share during treatment is considered confidential and would only be shared outside of the circle of care with your permission and consent. You may sign a 'Consent to Release Information Form' if you wish for your information to be shared with any other person.

Confidentiality may be breached under the following circumstances:

1. If you are in imminent risk of harming yourself or another person.
2. If you are a child, or know of a child, in need of protection (s. 72 of the Child and Family Services Act).
3. If you report sexual abuse by a Regulated Health Professional.
4. Pursuant to subpoena, court order, or sworn testimony.

Signed consent forms and food records can be sent to the Registered Dietitian ahead of your first appointment.

Kara McDonald, RD kmcdonald@haltonhillsfht.com

Tammy Burgess, RD tburgess@haltonhillsfht.com

INFORMED CONSENT TO ASSESSMENT AND TREATMENT Medical Nutrition Services

I (we) have reviewed HHFHT's *Consent to Nutrition Services Treatment Form* and understand the policies relating to the HHFHT nutrition services, including the cancellation policy, and the limits to confidentiality. My (our) signature(s) below indicate that I (we) accept their policies and our agreed upon treatment plan.

I (we) understand the meaning of "*informed consent*" and agree to request clarification if I (we) ever have any questions about the assessment and/or treatment process, its goals, procedures, and anticipated outcomes.

I (we) understand that I am (we are) free to stop the assessment and/or treatment for any reason at any time.

Print Patient Name Signature of Client/Guardian Date

Print Name Signature of Client/Guardian Date

Print Name Signature of Client/Guardian Date

Witness Date

**INFORMED CONSENT CHECKLIST FOR PHONE/VIDEO CONFERENCING SERVICES PROVIDED BY
HHFHT ALLIED PROFESSIONALS (Dietitian, Health Educator/Navigator, Mental Health Worker,
Pharmacist, Psychologist, Speech and Language Pathologist)**

Prior to starting video and/or phone-conferencing services, we discussed and agreed to the following:

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies and nobody will record the session without the permission from the others person(s).
- We agree to use the phone or video-conferencing platform selected for our virtual sessions, and the service provider will explain how to use it.
- For video-conferencing, you need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices or people walking into the room) during the session.
- We are unable to conduct the appointment if you are driving.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your appointment, you must notify the service provider in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact (such as a close relative) your physical location and the closest ER to your location, in the event of a crisis situation.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in sessions.
- As your treatment provider, I may determine that due to certain circumstances, telephone/video conferencing is no longer appropriate and that we should resume our sessions in-person, when available, or alternate referrals/recommendations will be made.

Service Provider Name and Signature:

Patient Name:

Signature of Patient/Patient's Legal Representative:








Date:

FOOD JOURNAL

NAME: _____

Please indicate amounts (eg. 1 cup of ... 2 slices of...)

DATE OF VISIT: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE							
BREAKFAST							
LUNCH							
DINNER							
SNACKS							
GLASSES OF WATER/FLUIDS (250 mL/8 oz)							
MOOD Describe how you were feeling							
COMMENTS							