

## ROLES AND RESPONSIBILITIES

This is a foundational document that you may wish to alter to suit your own language and personal style. The main aim is to ensure there is a collaborative agreement between the Practitioner and Client with a clear understanding of each other's Roles and the Responsibilities undertaken for the benefit of both parties to fulfill the client's wellness goals.

### A Collaborative Agreement between Client & Consultant

Dear

Your care is our highest priority and as a commitment to this, I am inviting you to join with me in an agreement to support and embrace your HEALTH and WELLBEING goals and life choices. As a Practitioner my Roles and Responsibilities are:

- To ensure your privacy is upheld and your personal information has only been collected to enable optimum support and care and to continue learning for the benefit of all. This information will only be shared with appropriate colleagues and with your permission
- To respect and support your personal choice for treatment plans.
- To have undertaken a comprehensive training course in Cannabis Client Care and to continue with on-going dynamic learning and education to ensure I am updated with new information and research to support your wellness and that of others.
- To be informed and inspired by continual learning through direct experience and generic shared information with fellow practitioners who also are aligned to this commitment.
- To utilise my skills and knowledge for your benefit. This may include offering various modalities to compliment your Wellness Protocol and will be facilitated by myself or an appropriate colleague – eg; Massage, Meditation, psychological support etc.
- To ensure anonymous data is gathered from your information and experiences for a formal Research platform to create substantial and much needed information and on-going education
- To be available during standard work hours according to your chosen level of Care Programme and to respond within 24 hours via phone call, email or text. Should I be away for any reason you will be supported by a colleague as appropriate.

Signed:

Date:

As a Client in your care, my Roles and Responsibilities are:

- To be self-responsible for my choices of treatment plans and any programs I undertake with you or your colleagues.
- To understand that any and all payments of products and services are a part of the commitment to my own wellness and is an exchange of resources.

- To provide you with correct and updated medical and personal history acknowledging this is essential for you to fulfill your commitment of support and care. I understand that if I do not disclose important information it may impact the effectiveness of this wellness approach
- To undertake my own research of both my health situation and natural products and treatments recommended to assist with my own wellness goals.
- To contact you or an appropriate colleague as soon as possible should there be any concerns or questions about my programme to enable this to be discussed and resolved.
- To keep records and / or diary of my daily dosages, medication changes, effects and benefits of the protocol especially for the first three months.
- To acknowledge that this path of wellness is a life choice, not a “quick fix” and to embrace the journey.

Signed:

Date: