



## THE THERAPEUTIC TOUCH NETWORK OF ONTARIO (TTNO)

### STATEMENT OF ETHICS AND CONDUCT FOR THE PRACTICE OF THERAPEUTIC TOUCH

1. I will conduct my practice of Therapeutic Touch® in accordance with the generally accepted principles of Therapeutic Touch as developed by Dolores Krieger, PhD, RN, and Dora Kunz, and the *Curriculum and Guidelines for Teaching Therapeutic Touch* of The Therapeutic Touch Network of Ontario (TTNO).
2. Before Therapeutic Touch sessions, I will make it clear to the healing partner (Hp) any fees that I will charge for my service. I will ensure that all interpersonal transactions between the healing partner and myself are non-exploitive and essential to her care.
3. I will refrain from selling any product or other service to the healing partner, when referred by the TTNO referral service.
4. I acknowledge that Therapeutic Touch may increase the rapport between the healing partner and myself. Therefore, I will keep all information in strict confidence.
5. In accordance with the ***Personal Information Protection and Electronic Documents Act*** (PIPEDA), I will keep all client information in a safe, secure, and private location. I will not share any information without written consent from the healing partner. When the healing partner's information is no longer needed, it will be shredded and destroyed and/or deleted from all my computer records.
6. Unless they are directly involved in the Therapeutic Touch session, I will not take another person with me to a session.
7. I will not use Therapeutic Touch as a basis for psychotherapy, or spiritual or other counselling, unless I have the training and qualifications to do so, as well as permission from the healing partner.
8. I will focus on the needs of the healing partner and will refrain from discussing my personal issues with them.
9. I will regularly evaluate my strengths, limitations, and levels of effectiveness. I will strive for self-improvement and seek to enhance my abilities by means of further education and training.
10. In any Therapeutic Touch session, I will maintain the highest integrity, keeping the interest of the healing partner foremost in my mind, and I will conduct all sessions in a manner that upholds the reputation of Therapeutic Touch throughout the world.
11. I will not hold the TTNO responsible for any consequences resulting from my practice of Therapeutic Touch. I am aware that decisions regarding insurance coverage and liability are left to my own discretion.
12. I understand that, should the TTNO receive any complaints about my sessions, or my conduct, I will be notified of that complaint. If, after due process of investigation, a mutually acceptable resolution of any associated problems cannot be achieved, the TTNO has the right to withdraw my name from the list of members of the TTNO.

Name \_\_\_\_\_ TTNO MEMBERSHIP # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_