Academy of Nutrition and Dietetics

CODE OF ETHICS FOR THE NUTRITION AND DIETETICS PROFESSION

The Code of Ethics for the Nutrition and Dietetics Profession ("the Code") sets forth the values, principles, and standards that guide all CDR-credentialed practitioners.[1] All practitioners credentialed by the Commission on Dietetic Registration are expected to uphold these ethical obligations in every practice setting—including telehealth. Although all provisions of the Code apply irrespective of the care delivery modality, the following principles may warrant particular attention for RDs delivering nutrition care services through telehealth companies.

Competence and Professional Development in Practice (Non-maleficence)

CODE PRINCIPLE

Practice using an evidence-based approach within areas of competence, continuously develop and enhance expertise, and recognize limitations.

Application for Telehealth Practice

When contracting with a telehealth company, RDs may be assigned patients with complex medical conditions the RD is not competent to treat. Ethical practice requires recognizing such limitations and taking appropriate action. Such action may involve seeking supervision and/or obtaining additional training (if doing so does not pose risk to the patient) or referring out to a qualified provider.

CODE PRINCIPLE

Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.

Application for Telehealth Practice

RDs must use sound professional judgment in determining whether telehealth is clinically appropriate for each patient. Factors include:

- Reliability of the patient's internet connection and access to technology;
- Severity or acuity of the condition and the ability to refer for in person care if needed;
- Whether an in-person NFPE is necessary for accurate assessment; and
- Whether a valid, current medical diagnosis or referral is available.

If telehealth may compromise care quality, the RD should refer the patient for in person or hybrid care and document the rationale for that decision.

[1] Peregrin, T., *Revisions to the Code of Ethics for the Nutrition and Dietetics Profession*, J. of the Academy of Nutrition and Dietetics (2018), available at: https://www.cdrnet.org/codeofethics (last accessed Nov. 11, 2025).

Integrity in Personal and Organizational Behaviors and Practices (Autonomy)

CODE PRINCIPLE
Comply with all applicable laws and regulations, including obtaining/maintaining a state license or certification if engaged in practice governed by nutrition and dietetics statutes.

Application for Telehealth Practice
RDs have a legal and ethical duty to comply with all statutory and regulatory requirements governing the practice of dietetics and nutrition. All but four states presently provide for licensure or certification requirements.[2] Because MNT constitutes medical treatment, RDs generally may provide MNT only under state licensure or certification laws granting such authority. Failure to comply with these laws not only violates state statutes but also breaches the Code.

Unless a specific exemption applies or a state lacks licensure or certification, RDs providing MNT must hold active licensure or certification in every state where their patients are located at the time of service. An RD may need a state license not only in the states where the RD sees patients in person but also in the state where the RD is located when they provide telehealth services. RDs should also be aware of additional telehealth-specific requirements enacted by states. The Academy's Telehealth Laws Impacting State Dietetics/Nutrition Authorization Requirements (August 2025), and the Center for Connected Health Policy's database of telehealth laws, provide essential guidance. RDs may also consider utilizing the Dietitian Licensure Compact, once operational, to facilitate multi-state practice compliance.

CODE PRINCIPLE
Document, code, and bill to most accurately reflect the character and extent of delivered services.

Application for Telehealth Practice
RDs must ensure that documentation and billing accurately represent the services provided. Telehealth companies may submit claims on behalf of RDs, but practitioners remain ethically responsible for accuracy. For example, if a company bills using a surveillance code when the RD provided medical nutrition therapy for a diagnosed condition, this would misrepresent the nature of the service and violate the Code (and likely payer policies). RDs must review and understand billing practices and retain professional control over their NPI usage. When patients self-refer or present with undiagnosed conditions, RDs must refer them to a licensed medical provider for proper diagnosis before rendering treatment. Accurate documentation protects both patient safety and professional integrity.

CODE PRINCIPLE
Implement appropriate measures to protect personal health information using appropriate techniques (e.g., encryption).

Application for Telehealth Practice
A benefit of contracting with a telehealth company is that RDs typically are not responsible for developing the electronic platform used to deliver care. However, RDs have a continuing duty to protect patient confidentiality and ensure that all systems used for telehealth meet applicable privacy and security standards. Before entering a contract, RDs should perform due diligence—verifying that the platform complies with HIPAA requirements, that data is encrypted during transmission, and that appropriate safeguards are in place to prevent unauthorized access. RDs should raise concerns or seek clarification before providing services through systems that may place patient data at risk.

For more information about the Code and telehealth, please refer to the Academy's *Best Practices for Registered Dietitians Working with Telehealth Nutrition Companies to Provide Nutrition Services*.

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[2] The following states currently do not provide for licensure or certification of dietitians or nutritionists: Arizona, California, Colorado, and Virginia. In addition, while Michigan and New Jersey have enacted licensure laws, as of February 2026, the regulations needed to implement those laws have not yet been adopted. As a result, RDs are not yet able to obtain a license in either state.