



# Martha DeMarco

## H O M E O P A T H Y

*enhancing health naturally*

### **Consultation Agreement for Children Under 18 Years of Age**

#### **Nature of Work Performed by Practitioner**

I understand that my practitioner evaluates my child's entire condition based on a holistic, homeopathic approach, and seeks to assist my child to stimulate his/her body's own healing mechanisms with the use of substances prepared according to the guidelines of the Homeopathic Pharmacopoeia of the U.S. as regulated by the FDA. I understand that my practitioner may also discuss with me the use of other integrative therapeutics to improve my health, and that these are within her scope of practice to the extent that she incorporates them.

#### **Training and Credentials of Practitioner**

I have reviewed the training and credentials listed below. I understand that my practitioner is not a medical doctor, has not presented herself as such, and does not seek to diagnose, treat, or prescribe for disease, disorder or other pathological conditions.

#### **Martha DeMarco, CCH, RS Hom (NA)**

Martha completed a 4-year program in professional homeopathy at the Teleosis Homeopathic Collaborative in Newton, MA. She is nationally certified in homeopathy, and holds the credential CCH, (Certified Classical Homeopath). This credential is accredited by the Institute for Credentialing Excellence. She holds the designation RS Hom (NA) Registered Homeopath, North America, given by the North American Society of Homeopaths.

Martha studied thought field therapy and earned the credential TFT-Adv. She completed the training program in homeoprophylaxis and travel homeoprophylaxis through Free and Healthy Children, International and holds the credentials C. HP and C. HP (Travel).

She studied gemmotherapy with Lauren Hubele.

Martha was elected to the Board of Directors of the Council for Homeopathic Certification and served on the board and executive committee for three years. She earned a bachelor's degree in English from Skidmore College.

#### **DeMarco Homeopathy**

[www.DeMarcoHomeopathy.com](http://www.DeMarcoHomeopathy.com) 781-724-7083 [Martha@DeMarcoHomeopathy.com](mailto:Martha@DeMarcoHomeopathy.com)

50 Country Way, A-101 Scituate, MA 02066

**Cost of Consultation:**

I have reviewed the fee statement attached. I agree to pay these fees at the time that services are provided by cash, check or credit card. I agree to the office policies and charges as described in the fee statement.

**Professional Conduct and Consultation:**

Practitioner agrees to honor confidentiality and assures professional conduct as defined by the Code of Ethics of the Council for Homeopathic Certification and the North American Society of Homeopaths. Client grants permission for my practitioner to discuss details of my health in conferral with colleagues and other practitioners with whom client consults without additional confidentiality waiver. This agreement becomes part of client’s case records. Client agrees to consult a licensed physician for any medical concern that now exists or arises at any time during the term of this agreement, and to inform my practitioner of my physician’s assessment in so far as it applies to my work with her.

I, \_\_\_\_\_, the undersigned parent/guardian (circle one), hereby grant, of Martha DeMarco CCH, RS Hom (NA) the authority to provide homeopathic care for the following child(ren):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

This grant of temporary authority shall begin on \_\_\_\_\_, and shall remain effective until terminated by the undersigned or if the client has turned 18 years of age, whichever comes first.

In the case of an emergency, the care provider should first try to contact the parent(s)/guardian. If parent(s)/guardian cannot be reached, the care provider should then contact the following person(s) :

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

**Consent of Parent(s)/Guardian**

I am 18 years of age or older and have voluntarily chosen homeopathic treatment for my child(ren). I understand that Martha DeMarco CCH, RS Hom(NA) is a homeopath and not a medical doctor, and it is therefore recommended that I retain the services of a primary care physician for appropriate evaluations and check-ups for my child(ren). I further understand that Martha DeMarco CCH, RS Hom(NA) does not diagnose, treat or prescribe for any particular symptom, disease or condition. I understand that she will work on increasing my child(ren)'s health in mind and body.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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