CLINIC REGISTRATION FORMS - HPX PROGRAMS

Registration for FHCi HPx Programs Memorandum of Understanding

Please fill out this form in advance of our appointment. Submitting this form indicates that you have read and accepted the following

DISCLOSURE: Shelly Garrison CCH, is a professional homeopath and not a medical doctor and cannot make diagnoses, or treat or prescribe for any particular disease or condition. It is recommended that you retain the services of a primary care physician for appropriate evaluations and check-ups for yourself/child. It's always wise to see your doctor for any serious problem. Once you know what you are dealing with you can choose your treatment mode. Homeopathy can be used alongside conventional care when needed.

Requirements and restrictions are described fully in the document entitled "California State Senate Bill SB-577 – What it Means for the Patients."

To use the services of Shelly Garrison, CCH, C. HP, California state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy upon request. She will keep the original in her records for at least three years.

Shelly Garrison, CCH, C. HP is offering to me HPx Programs as outlined by Free and Healthy Children International (FHCi). And she is an agent of FHCi for the administration of the HPx program and will serve to be my direct point of contact for any questions regarding the administration of the program or response that may occur.

Name:	Date:
If you ever have any concerns about the n	ature of your treatment, please discuss
them with Shelly Garrison, CCH.	

Registration for FHCi HPx Programs. Memorandum of Understanding

	I understand that within The Organization of FHCi no doctor-patient relationship exists between FHCi and Patrons but only the access to HPx Practitioners and
	HPx Programs.
	As I am voluntarily choosing this method of disease prevention, I will not hold the
	HPx Practitioner or FHCi financially liable for any particular outcome regarding the heath of myself or my child(ren).
	I understand the purpose of HPX is to stimulate my or my child's health and immune system so that it will become less susceptible to contracting infectious contagious disease. This immunological stimulation is intended to demonstrate healthy immune response such as mild fevers, discharges, mild mood and energy influxes as the individual reconciles the disease agent. These responses are short-lived (12-48 hours) and demonstrate healthy immune function.
	I agree to contact my HPx Practitioner for any immunological responses I have
	concerns about.
u	I understand that no method of prevention can be guaranteed to be 100% effective, vaccination or HPx, and that my child, if exposed to a particular infectious contagious disease, may in fact contract the disease. I also understand that with any form of prevention there are risks and responses that may occur.
	I agree to discuss my concerns with the HPx Practitioner and to seek appropriate
	medical treatment, homeopathic or otherwise, should the need arise.
	I attest to the fact that through engaging with an HPx Practitioner I am not misrepresenting myself by any means or manner to be anything other than a parent looking for HPX for my family.
	I enter into this agreement of my own free will on behalf of myself or my
	dependents without any pressure or promise of cure or disease prevention. I
	affirm that I do not represent any State or Federal agency whose purpose is to
	regulate and approve products, or to carry out any mission of entrapment or investigation.
	I have read and understood this document, and my questions have been
_	answered fully to my satisfaction.
	I understand that I can withdraw from this agreement at any time.
FH	Ci HPx Practitioner Registration Documents: Updated 3/4/2024
Na	me: Date:

Payment of the program costs and delivery of these signed documents to an HPx Practitioner is considered sufficient for my one-time registration for the duration of participation of the select HPx Program as outlined by FHCi. Term begins with the date of submission of this contract.

Parent or Individuals N	ame:	
Mailing/Shipping Addr	ess:	
City:	State:	Zip Code:
Phone Number:		E-mail:
Child's Name:		Date of Birth:
Start age (Months):		
Child's Name:		Date of Birth:
Start age (Months):		
Child's Name:		Date of Birth:
Start age (Months):		
Child's Name:		Date of Birth:
Start age (Months):		
Signature:		Date:
Relationship to child	l(ren):	

HPx Programs Fee Schedule

- Healthy Biome HPx Program: establishing the foundation of life and vitality. 9 nosodes, 1M potencies. 9 or 18 weeks. All ages. Any age. It may need to be repeated.
 - a. Kit: \$157 + shipping
 - b. Supervision: \$125
 - c. Initial consult / 2 months
 - d. All HPx Program Booklet: \$13.50
- 2. Full Childhood Immunological HPx Program: for healthy childhood development and intact immune systems. 10 diseases. 200C and 10M potencies. 50 months.
 - a. Kit: \$167 or \$247 (expanded kit option) + shipping
 - b. Supervision: \$350 (first child, \$100 after first)
 - c. Initial consult / 48 months
 - d. All HPx Program Booklet: \$13.50
- 3. Young Adult and College Prep HPx Program: The emergence of true self and critical thinking through immune system stimulation. 6 diseases and 6 supportive remedies. 200C and 10M potencies. 6 or 12 months.
 - a. Kit: \$141 + shipping
 - b. Supervision: \$205
 - c. Initial consult / 6-12 months
 - d. All HPx Program Booklet: \$13.50
- 4. Travel HPx Programs: healthy immune systems while expanding world view. 5 diseases and supportive remedies. More or less remedies may be used based on travel destination, season, and individual needs. 200C potencies. 5 or 10 weeks.
 - a. Kit: \$167 + shipping
 - b. Supervision: \$110
 - c. Initial consult / 5-10 weeks
 - d. All HPx Program Booklet: \$13.50
- 5. Healthy Sexuality and Pre-Procreation HPx Program: alignment and corrective immunity to the divine order of life. 7 diseases and 7 supportive remedies. 200C and 10M potencies. 6 or 12 months. Recommended for couples.
 - a. Kit: \$167 + shipping
 - b. Supervision: \$210
 - c. Initial consult / 6-12 months
 - d. All HPx Program Booklet: \$13.50

- 6. HPx for Healthy Pregnancy and Fetal Development: releasing inherited afflictions to liberate your offspring. 7 Diseases and 7 supportive remedies. 1M potency. 7 months.
 - a. Kit: \$157 + shipping
 - b. Supervision: \$175
 - c. Initial consult / 7 months
 - d. All HPx Program Booklet: \$13.50
- 7. HPx for immune health in the elderly: activation of immune system memory supporting the role of the elderly in family settings. 6 diseases and 6 supporting remedies. 1M potencies. 6 months.
 - a. Kit: \$147 + shipping
 - b. Supervision: \$155
 - c. Initial consult / 6 months
 - d. All HPx Program Booklet: \$13.50
- 8. Single prevention: Variable, depending on season, climate, and socio-political issues.
 - a. Kit: \$ Variable
 - b. Supervision: \$110
 - c. Initial consultation
 - d. All HPx Program Booklet: \$13.50

Office Fee Schedule

Shelly Garrison Homeopathy, CCH

First Full Appointment (1 hour)	\$200
Follow-Up (30 minutes)	\$95
Acute care (20 minutes) - Video, phone or email	\$55
Vet Appointment (25 minutes)	\$110
Remedy Services	Fees vary: typically \$40 - \$100
Credit Card service Charge	4%

Credentials, Affiliations and Associations

- Council for Homeopathic Certification, CCH Credential 2018
- Dr. Isaac's Academy of Classical Homeopathy, Diploma 2012
- Free and Healthy Children International, C.HPx 2014
- International School for Human Chemistry & HDT 2019/2020
- Homeopathy 247 Acute Care Clinic 2020
- CEASE Certified Therapist 2016
- East West Homeopathy, Board of Directors 2010-2017
- National Center for Homeopathy 2014
- California Homeopathic Medical Society 2014
- Bay Area Homeopathic Association 2014
- University California Santa Cruz 1985-1986
- Victor Valley Community College, Associate Arts Degree 1982 1984