

Member Intake Form

Dear Member,

We are pleased to offer you Ridout Health and Homeopathy Association services.

Included here is a private membership in Ridout Health and Homeopathy Association and waiver form for the PMA caregiver. Please make sure you fill and sign in all the necessary areas

We thank you for your willingness to explore an alternative method of health and wellness.

Ridout Health and Homeopathy Association is a lawfully formed Private Membership Association dedicated to providing professional services and advice concerning natural healthcare and services to its members. The following forms explain this relationship and the rights, benefits and responsibilities associated with membership.

Thank you,

Ridout Health and Homeopathy Association Administration

Please scroll down for more documents

## Ridout Health and Homeopathy Association, A Faith Based Private Member Association

## Membership Agreement/Waiver Form

# Overview

I do hereby apply for membership in the Ridout Health and Homeopathy Association, hereafter termed “The Association,” a private membership health association. With the signing of this membership agreement, I accept the offer made to become a member of The Association and have read and agree with the following Declaration of Purpose, Preamble and Memorandum of Understanding.

**Declaration of Purpose:** This Association is to provide members with the highest level of homeopathic services, and/or other natural health care related services, providing the most effective, efficient, and safest methods of treatment and recovery advice as determined by the Association and the member. The Association may offer: all relevant and necessary health related and care, and professional advisement on Homeoprophylaxis and associated modalities, and other such courses of care and treatment including but not limited to; Diet and Nutritional Counseling; Exercise & other Physiotherapies; Manufacturing of Herb Therapy Products (capsules, tinctures, teas, bulk powders, etc.); Nutritional Supplements; tincturing of various herbs and herbal formulations; any manner of proprietary or alternative treatment as deemed appropriate by the Association. In addition, the Association may provide an online forum for members to make comments, provide feedback and share information, results, opinions, and outcomes on and about health care practices and/or specific practitioners concerning the optimization of human health and well-being; Provide and share products, information and services including, but not limited to, naturally grown whole foods, vitamins, minerals, herbs, enzymes, phytonutrients etc.; devices including, but not limited to, low power lasers, electricity, light, magnetism, sound, radiation, vibrational energy resonance; oils, extracts, creams, gels, lotions, and salves containing any of the above and any and all other kinds of natural food, devices, substances, educational, informative, or entertaining material which can be used for healthcare purposes (stored on any type of media) but which have been neither submitted to the FDA for approval nor approved (or denied approval) by the FDA, and freely discuss and talked about, obtained, exchanged, viewed and used on and by members of the Association.

Provide and share, legal and lawful services, procedures, advice, counsel, and tips and any other information or services which may be deemed beneficial to Association members by the Association founders and freely share, discuss, and talk about, obtain, exchange, view and/or use information and services by members of the Association while keeping all business within the private domain.

 **Membership**

By consenting to the Membership Agreement provided, members are granted the following rights and benefits:

* Right to detailed informed consent about the services rendered, and what to expect
* Complaints against an Ridout Health and Homeopathy Association member must be submitted in writing to Ridout Health and Homeopathy Association within three months of the incident of complaint. These will be sent to the Person, Committee, or Tribunal designated by Ridout Health and Homeopathy Association for evaluation and remediation action.
* Upon request, access to the Association’s Bylaws
* Guarantee that all Personal Health Information (PHI) remain in the custody and in the confidential holding of Ridout Health and Homeopathy Association. With the exception that Ridout Health and Homeopathy Association holds the right to access or share for research purposes but may be called upon for review by Ridout Health and Homeopathy Association for any research activity. Personal Health Information of all Members will be held in strict confidentiality and will remain private from any State Medical Board, the FDA, FTC, Medicare, Medicaid or insurance companies without the previously expressed specific permission granted by the Member.
* Membership with Ridout Health and Homeopathy Association will remain intact unless the member submits in writing their desire to withdraw membership or membership is terminated by The Association in accordance with bylaws.

# Preamble

We believe that the First Amendment of the Constitution of the United States of America, and the Universal Declaration of Human Rights guarantees our members the rights of free speech, petition, assembly, and the right to gather together for the lawful purpose of advising and helping one another in asserting our rights under international law, the Federal and State Constitutions and Statutes. IT IS HEREBY DECLARED that we are exercising our right of “freedom of association” as guaranteed by the 1st and 14th Amendments of the U.S. Constitution and equivalent provisions of the various State Constitutions. This means that our association activities are restricted to the private domain only.

We proclaim the freedom to choose for ourselves the types of products, services, therapies and self-help modalities that we think best. We encourage our members to perform their own research by studying different resources to prevent illness, diseases of our minds and bodies, and for achieving and maintaining optimum wellness. We proclaim and reserve the right to include health options that include but are not limited to cutting edge treatment modalities and therapies practiced or used by any types of healers or therapists or practitioners the world over whether traditional or nontraditional, conventional or unconventional.

Specifically, the mission of The Association is to change existing life and health circumstances through teaching alternative health awareness, which enables members to improve their physical well-being and to provide members with the highest-level services and of research and the most effective modalities for prevention. The Association will recognize any person (irrespective of age, race, creed, gender, sexual orientation or religion) who has been approved as a member and acts in accordance with these principles and policies as a member, and will provide a medium through which its individual members may associate for actuating and bringing to fruition the purposes heretofore declared.

## Memorandum of Understanding

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that members and service providers within The Association are or may not be medical doctors.

* I understand that within The Association no doctor-patient relationship exists but only a contract member to member association relationship. I have freely chosen to change my legal status as a public patient, customer or client to a private member of The Association.
* I understand that, since The Association is protected by the First and Fourteenth Amendments to the U.S. Constitution, it is outside the jurisdiction and authority of Federal and State Agencies and Authorities concerning any and all complaints or grievances against The Association, any Trustee(s), members or other staff persons. All rights of complaints or grievances will be settled by an Association designee, committee, or tribunal and will be waived by the member for the benefit of The Association and its members. By agreeing to this membership form I agree that I have sought sufficient education to determine that this is the course of action I want to take for myself and my children.
* Because the privacy and security of membership records maintained within The Association, which are held to be inviolate by the U.S. Supreme Court, the undersigned member waives HIPAA privacy rights and complaint process. However, any medical or healthcare records kept by members of The Association will be strictly protected and only released upon written request of myself as member.
* I agree that violation of any waivers in this membership contract will result in a no contest legal proceeding against me.
* The Association does not participate in any medical insurance plans or collections on behalf of the member but will provide a suitable invoice for the member to pursue reimbursement by his/her insurance company, if applicable.
* Other aspects of informed consent will take place in my discussions with the providers and my fellow members of The Association.
* As I am voluntarily choosing this method of natural health care, wellness, and disease prevention, I will not hold The Association or its members financially liable for any particular outcome regarding my heath.
* I agree to discuss my concerns with the Association members and to seek appropriate medical treatment, homeopathic or otherwise, should the need arise.

I agree to join the Ridout Health and Homeopathy Association, a private membership health association under common law, whose members seek to help each other achieve better health and good quality of life.

My activities within The Association are a private matter that I refuse to share with the State Medical Board, the FDA, FTC, Medicare, Medicaid or my own insurance company without my expressed specific permission. All records and documents remain as property of The Association, even if I receive a copy of them. I fully agree not to pursue any course of legal action against a fellow member of The Association, unless that member has exposed me to a clear and present danger of substantive evil, and upon the recommendation and approval of the Association.

I enter into this agreement of my own free will without any pressure or promise of cure or disease prevention. I affirm that I do not represent any Local, State or Federal agency whose purpose is to regulate and approve products, or to carry out any mission of enforcement, 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 and terminate my membership in this association at any time, and that my membership can and will be revoked if I engage in abusive, violent, menacing, destructive or harassing behavior towards any other member of The Association. These pages consist of the entire agreement for my membership in The Association.

Client grants permission for Ridout Health and Homeopathy association 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.

**Consultation Fees:**

Initial consultation (up to 2 hours) $ 350

Follow up consultation (30 - 60 minutes) $ 90

Acute consultation (15 - 30 minutes) $ 150

Each remedy up to $20 to $35 depending on potency and shipping costs at that time

**General Policies Regarding Scheduling, Payment, and Client Support:**

I understand that plans change and unexpected circumstances arise that can disrupt your schedule, and require a change of appointment.

- If it is necessary to cancel / reschedule an appointment, notification of schedule change must be made at least 24 hours in advance.

- Appointments that are missed or cancelled late represent time that was scheduled for the client. Client will have to reschedule an appointment.

-Each client is offered one 'first miss' or late cancel that is not charged. A second or later event will be charged at the full fee.

**Virtual Office Consultation:**

The method of meeting is Zoom conference calls. You will receive an email with a link and password that you will need to connect.

**Payment:**

The client is responsible for payment of all fees at time of service.

- Payment may be made with PayPal, Zelle, or send a check to

Amanda Ridout

812 Shoreline Rd

Kerens Tx, 75144

- This office does not file any forms for insurance or reimbursement.

Term begins with the date of submission of this contract.

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

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

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date