North American Society of Homeopaths

Appendices

Appendix A: Continuing Education Units

Below you will find a list of CEU categories and point allocations agreed by the Board of Directors in August 2012. Each registered member will be required to complete 20 hours of CEU's per calendar year in order to be able to continue to uphold full professional membership with NASH. If you foresee that you may have difficulty fulfilling this annual requirement, please contact the Board at nashinfo@homeopathy.org.

1. Attendance at a homeopathic conference or seminar – 1 hour equals 1 CEU
2. Postgraduate homeopathic training – 1 hour equals 1 CEU
3. Homeopathic teaching (at a school/college or study group) – 1 hour equals 2 CEU's
4. Homeopathic Conference or Seminar Presentation – 1 hour equals 4 CEU's
5. Supervising or mentoring a homeopath or homeopathic student – 1 hour equals 4 CEU's
6. Published review (at least 400 words) of a homeopathic book/seminar etc. – equals 2 CEU's
7. Published review (at least 800 words) of a homeopathic book/seminar etc. – equals 4 CEU's
8. Published article in a professional journal (at least 3000 words) – equals 8 CEU's
9. Published homeopathic book/manual etc. – equals up to 20 CEU's
10. Conducting or supervising a proving – equals up to 20 CEU's
11. Homeopathic research – equals up to 20 CEU's
12. Volunteering (at NASH) to enhance homeopathic education and outreach - 1 hour equals 1 CEU

Appendix B: Standards Of Practice Guidelines

The purpose of this policy is to clarify for registered members legally and ethically correct ways to present oneself to the public. NASH requires that all registered members and applicants for registered membership follow these guidelines. Following these guidelines will help reduce your likelihood of legal problems. While this document has been written with advertising and general outreach materials in mind, many of the following apply in any situation where you are asked to define, explain or even defend yourself and/or your practice, either verbally or in writing.

USE OF THE TITLE DOCTOR OR PHYSICIAN
Do not use the title doctor or physician unless you have a medical degree that is recognized in the state or country in which you are practicing. It is false representation to give the impression you are a doctor if you work as a health care professional. If you are called doctor by a patient, student or anyone else always correct them. This applies to those who have a medical degree which is not accepted in the country in which you are practicing (USA or Canada). This applies especially if you have a doctorate in another field. Do not claim to have a doctorate (PhD) unless you have one from a fully accredited university in a related field. Do not claim a doctorate for a distance learning degree. In some states or provinces you are not allowed to use the word 'clinic.' Check to see if this applies in your state or province.

ADVERTISING CLAIMS

Treating Disease
Do not claim that you can treat any disease, condition or ailment or imply that you can do so. Be extremely careful when speaking or writing about the treatment of particular diseases or conditions (and never offer or claim to help anybody). You can give lectures and talks on specific ailments (and place advertisements for these)—but only if the advertisement and/or lecture makes clear that you are using homeopathy to raise the level of health of a person so that the problem recedes.

NASH Status
Do not use North American Society of Homeopaths as the primary way you present yourself when advertising your services to the public. You can use the title 'RSHom(NA)' and explain that this means you are registered with NASH. You can describe NASH — but it should be brief.

Years in Practice
When listing the number of years you have been in practice, count only the years that you have been in full-time (or at least half-time) practice. Be prepared to be able to defend this number if there is a legal problem, i.e. do not count the years that you were a student (full-time or part-time) or were seeing just a few cases.

Comparisons
Do not compare yourself to other homeopaths (directly or indirectly) in any form of advertising. It is acceptable to compare classical homeopathy with the use of potentized remedies in non-homeopathic ways.

Legal Restrictions
Be sure to research the laws on the practice of medicine without a license in your state or province and be aware of what terms and actions are not allowed. Contact other homeopaths, other alternative practitioners, lawyers, local organizations etc., and please inform NASH of the status of homeopathy in your state or province.

Client's Consent
Be sure to have all clients sign a form stating that you are not a doctor or physician and that you do not treat any disease or condition. You may also state your qualifications, training and certifications on this same form.

Registered Membership Upkeep
If you move you are responsible for advising the office so your membership does not inadvertently lapse. If your registered membership does lapse there will be a re-instatement fee of $250. During the time your membership is lapsed you are not entitled to use the designation RSHom(NA) in any of your promotional materials including letterheads, business cards and leaflets.

Appendix C: Personal Consultation Notes Keeping Guidelines

Each and every page (including consent forms etc.) must contain the following information:

Client's name and date of birth; page number; signature or initials of the homeopath (or other identifying mark).

The date and time of each visit are to be recorded at the beginning of the visit; each continuation sheet should record the date only.

Client's personal data to be taken at the first visit including:
address, home and work phone numbers, and name of their primary care provider.

A complete homeopathic case should be taken (and properly charted/underlined) which includes subjective as well as objective findings and including: past medical history (including serious accidents, operations, illnesses, childhood illnesses, use or non-use of tobacco, alcohol and other addictive drugs).

Abbreviations and acronyms must not be used: an auditor or lay person may not be able to understand what has been written. The exception is the availability of a list of approved abbreviations and their meanings.

All mistakes are to be corrected in the following manner: a single straight line through the mistake, error noted (by writing word "error" next to the mistake) and your initials beside it. Do not use whiteout.

A written assessment must be recorded. This should include:
center of gravity of the case; strength of the vital force; selection of symptoms and repertorizing chart; comparative materia medica; homeopathic prognosis.

A plan must be recorded. This should include:
the name and potency of the remedy given and its source (pharmacy), selection and repetition rationale and a list of future remedies for consideration.

The following must be clearly recorded: any and all advice, recommendations, referrals and documentation for a follow up visit.

Each follow up visit (consultation) must be fully recorded in the progress notes of each subsequent office visit as above and must include: subjective and objective findings with a list of unresolved problems from previous office visits.

Each telephone call inquiry/visit (consultation), apart from appointments must be fully recorded and clearly identified as a telephone call.

All notes and papers must be secured in the file.

Personal Consultation Notes Stored on Computer or Other Electronic Media
These guidelines apply to both paper personal consultation notes and electronic versions of personal consultation notes.

Consent & Release Forms
A standard general consent form (see Appendix D of the NASH Code of Ethics) is to be included with each chart.
An authorization for release of information (see Appendix E) is to be used for communication with or referral to other therapists or health care practitioners.
Additional consent form to be included as needed for teaching/publication purposes (see Appendix F).
Evidence of continuity and coordination with the primary care provider and any relevant specialists to be included and a consultant note if a referral was requested.

Confidentiality of Personal Consultation Notes
All Personal Consultation Notes to be kept in a locked filing cabinet. Electronic notes to be fully password protected.

Appendix D(1): General Consent Form for Adults

Client Name:_____

Date of Birth:___/___/___

[Practitioner Name] has been in practice since ___ [Year]. He/she is registered with The North American Society of Homeopaths [RSHom (NA)] and is certified with the Council for Homeopathic Certification (CCH). He/she has agreed to abide by the Code of Ethics of each of these organizations.

Homeopathy views health and illness in a holistic manner and this view is different from the standard, conventional approach which usually limits its concerns to individual symptoms. In working with the whole person the homeopath regards the mental and emotional as well as physical aspects as important. A minor aggravation or worsening of some symptoms may occur as a part of the general healing process.

Confidentiality
I understand that all information disclosed is confidential and may not be revealed to anyone without written permission, except where disclosure is required by law. Disclosure may be required in the following circumstances: a reasonable suspicion of child or elder abuse; a reasonable suspicion that a client presents a danger to him or herself or to others.

Consultation
I authorize discussion of my case notes with other professional homeopaths should assistance in remedy selection and/or symptom analysis be required (for myself or my child) or my best interest be served by such a consultation. In so doing, my right to privacy will be protected by withholding my name and all other identifying information.

Consent
I am 18 years of age or older and have voluntarily chosen homeopathic treatment for myself. I understand that _____ 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 myself. I further understand that _____ does not diagnose, treat or prescribe for any particular symptom, disease or condition. I understand that he/she will work on increasing my general vitality and constitutional strength.

Signature:_____

Date:___/___/___

Appendix D (2): General Consent Form for Child(ren) Under 18 Years of Age

I, _____, the undersigned parent/guardian (circle one), hereby grant, of [name of practitioner and title] the authority to obtain 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 of 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) in the order listed below:

Name: _____
Relationship: _____
Address: _____
_____ , _____ _____
Preferred Phone Number: _____
Place of Employment: _____
Address: _____
_____ , _____ _____

[Name of practitioner] has been in practice since ___[Date]. He/she is registered with The North American Society of Homeopaths [RSHom(NA)] and is certified with the Council for Homeopathic Certification (CCH). He/she has agreed to abide by the Code of Ethics of each of these organizations.

Homeopathy views health and illness in a holistic manner and this view is different from the standard, conventional approach which usually limits its concerns to individual symptoms. In working with the whole person the homeopath regards the mental and emotional as well as physical aspects as important. A minor aggravation or worsening of some symptoms may occur as a part of the general healing process.

Confidentiality

I understand that all information disclosed is confidential and may not be revealed to anyone without written permission, except where disclosure is required by law. Disclosure may be required in the following circumstances: a reasonable suspicion of child or elder abuse; a reasonable suspicion that a client presents a danger to him or herself or to others.

Consultation

I authorize discussion of my child(ren)'s case notes with other professional homeopaths should assistance in remedy selection and/or symptom analysis be required for my child(ren)'s best interest be served by such a consultation. In so doing, his/her/their right to privacy will be protected by withholding my name and all other identifying information.

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 _____ 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 _____ does not diagnose, treat or prescribe for any particular symptom, disease or condition. I understand that he/she will work on increasing my child(ren) general vitality and constitutional strength.

Signature:_____

Print Name: _____

Date:___/___/___

Appendix E (1): Authorization for Release of Information for Adults

Client Name:_____

Date of Birth:___/___/___

I, _____, hereby give permission to _____ to communicate freely with the following health care professional on my behalf as named below:
Name of Health Care Practitioner:_____
Telephone:_____
Address:_____
City:_____ State:_____ Zip:_____

I further acknowledge the reason information is to be released was fully explained to me and this consent is given of my own free will and that I am age 18 or older. I would like a copy of this release of information ___ yes, ___ no, ___ initials.

Signature:_____

Date:___/___/___

Appendix E: (2) Authorization for Release of Information Form for Child Under 18 Years of Age

I, _____, the undersigned parent/guardian (circle one), hereby grant, of [name of practitioner and title] the authority to obtain homeopathic care for the following child:

Name:_____ Date of Birth:___/___/__

hereby give permission to _____ to communicate freely with the following health care professional on my behalf as named below:

Name of Health Care
Practitioner:_____
Telephone:_____

Address:_____
City:_____ State:_____ Zip:_____

I further acknowledge that the reason information is to be released was fully explained to me and this consent is given of for my child of my own free will. and that I am age 18 or older. I would like a copy of this release of information ___ yes, ___ no, ___ initials.
Signature:_____
Print Name: _____

Date:___/___/___

Appendix F (1): Authorization to Publish or Teach for Adults (Written and/or Video Materials)

Client Name:_____

Date of Birth:___/___/___

I _____, I hereby give my consent to the presentation of the essential elements of my case notes for the purposes of homeopathic education at a conference or seminar or homeopathic school or college. I understand that this teaching material may/will be published in a professional (homeopathic) journal.

I understand that confidentiality will be preserved at all times and that:

My real name (as above) shall not be used at any time (initials or another name will be used)

All and any identifying characteristics and details shall be removed and not used

I further understand that this information shall serve to further the progress of homeopathy by advancing the education of homeopathic students and practitioners.

I further understand that I may withdraw my consent at any time and that all teaching materials relating to my case will be withdrawn and destroyed, and I shall be advised of this in writing.

I confirm that am age 18 or over and this consent is given of my own free will and my signature below is entirely voluntary.

I would like a copy of this release of information ___ yes ___ no ___ initials.

Signature:_____

Date:___/___/___

Practitioner:_____
Statement

I, _____,(please print your name) have read the above statement and I understand and accept it. I agree to abide by the North American Society of Homeopath's Code of Ethics in the presentation of this client's case.

Signature of Homeopath:_____

Date:___/___/___

Appendix F (2): Authorization to Publish or Teach for Child Under Age 18 (Written and/or Video Materials)

I, _____, the undersigned parent/guardian (circle one), hereby grant, of [name of practitioner and title] the authority to obtain homeopathic care for the following child:

Name:_____ Date of Birth:___/___/__
hereby give my consent to the presentation of the essential elements of my case notes for the purposes of homeopathic education at a conference or seminar or homeopathic school or college. I understand that this teaching material may/will be published in a professional (homeopathic) journal.

I understand that confidentiality will be preserved at all times and that:
My child's real name (as above) shall not be used at any time (initials or another name will be used)

All and any identifying characteristics and details shall be removed and not used

I further understand that this information shall serve to further the progress of homeopathy by advancing the education of homeopathic students and practitioners.

I further understand that I may withdraw my consent at any time and that all teaching materials relating to my case will be withdrawn and destroyed, and I shall be advised of this in writing.

I confirm that am age 18 or over and that this consent is given of my own free will for my child and my signature below is entirely voluntary.

I would like a copy of this release of information ___ yes ___ no ___ initials.

Signature:_____

Date:___/___/___

Practitioner:_____
Statement

I, _____,(please print your name) have read the above statement and I understand and accept it. I agree to abide by the North American Society of Homeopath's Code of Ethics in the presentation of this client's case.

Signature of Homeopath:_____

Date:___/___/___