EDUCATING
PROTECTING
HEALING

**MIGHTY OAKS THERAPIES:**
17774 Cypress Rose Hill Suite 320
Cypress, TX 77429
**C:** +1 (832) 792-9399
**E:** stacyc@mightyoakstherapies.com
**W:** mightyoakstherapies.com

# CONSULTATION AGREEMENT

## VERIFIED CREDENTIALS

STACY COOK attended the University of Texas Medical Branch at Galveston where she received her degree in Occupational Therapy in 2002. She has worked as a licensed occupational therapist in adult and pediatric settings in Texas and Arizona during her years of practice. She completed three years of training to become a homeopathic practitioner at the American Medical College of Homeopathy in Phoenix, Arizona. She obtained national certification as a homeopath after she passed her certification exam administered via the Council for Homeopathic Certification (CHC) in October 2019. She is a health partner for those seeking to have their own case or their child's case taken to determine homeopathic treatment that can provide measured nudges toward the restoration of health.

## CONSENT

Please initial at the end of each statement acknowledging your consent and agreement.

- I have reviewed the above paragraph regarding this professional's credentials. I understand that this health professional is not a licensed medical doctor and has not presented herself as such. _____ *(INITIAL HERE)*
- I agree that diagnosing conditions, the use of conventional medical treatment, nor providing medications for disorders or diseases is not within the scope of practice of this professional. _____ *(INITIAL HERE)*
- I agree that the practitioner will be taking a holistic approach by means of researched, measured stimulation to assist the body in enabling its own healing mechanisms using homeopathy. _____ *(INITIAL HERE)*
- I understand the consultant's intentions are to assess the entire condition of the client as best possible, to assist with finding a good match for homeopathic treatment, and to partner with the client and family in educating and healing. _____ *(INITIAL HERE)*
- I realize I am able to learn more about the preparation of homeopathic substances by accessing http://www.hpus.com/regulations.php# to research the guidelines laid out by the US Homeopathic Pharmacopoeia (HPUS). _____ *(INITIAL HERE)*

## CONDUCT AND PROFESSIONAL CONSULTATION

The practitioner Stacy Cook agrees to honor case confidentiality by assuring professional conduct as defined in the code of ethics by the Council for Homeopathic Certification. By signing this form, the client understands and consents to the practitioner discussing the details of this case in conferral with colleagues and other practitioners that either the practitioner or the client chooses to consult with regarding successes with health progression. This agreement is hereby part of the client's health records at Mighty Oaks Therapies (MOT). Client agrees to continue consulting their licensed physician for any current medical concern or one that arises at any time during the term of this agreement and to inform the homeopath of the physician's assessment as the information applies to the homeopathic case. Client also agrees to disclose any medication/supplement changes made by the client or by the client's nurse/doctor, as this information will be important to note as the case evolves.

_____ _____

Signature Date

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## COST OF CONSULTATION

Clients are responsible for payment of all fees at the time of service. I have reviewed the fee statement below. I agree to pay my fees at the time that services are provided via internet payment app, cash, check, or credit card payment to Mighty Oak Therapies (MOT). I agree to the office policies and charges as described in the fee statement._____ *(INITIAL HERE)*

## CONSULTATION FEES (times are approximate)

| | |
|---|---|
| Initial consultation (90-120 minutes) | $275 |
| Therapeutic focus consult (1 hour) | $100* |
| Follow-up consultation (20-45 minutes) | $75-90* |
| Acute consultation (15-20 minutes) | $50 |
| Educational consult (30-45 minutes) | $75* |

I understand these charges will typically include homepathic remedies recommended by the practitioner. *However, these charges remain fluid as, on occasion, a specified remedy may require special ordering by the practitioner and cost of services to do so will be reflected in additional charges. The above costs also include a between-consult brief text/call check-in as needed and occasional internet interactions as necessary, to track responses to remedies. Any additional supports (gemmotherapy, cell salts, organ therapeutics, supplement recommendations, flower essences, etc) will be an additional charge if supplied by your practitioner. I understand I may be instructed to purchase these items on my own and I will incur my own charges if I obtain items independently from health food stores, homeopathic and holistic pharmacies, and/or vendors such as Amazon or Natural Partners. _____ *(INITIAL HERE)*

## SCHEDULING/CANCELLATIONS

You can request an appointment, change of an appointment, or cancel an appointment via email at stacyc@mightyoakstherapies.com. Policy states appointments must be cancelled with 24 hour's notice as courtesy to the practitioner and to other clients who may need the appointment time. _____ *(INITIAL HERE)*

## CLIENT SUPPORT

Clients may email stacyc@mightyoakstherapies.com for further assistance or support. In ***urgent*** situations, leave your homeopath a voicemail on the Mighty Oaks Therapies business line (832) 792-9399 if you do not get an email response right away. Please contact your doctor in an emergency.

## HOMEOPATHICS

Remedy recommendations will be decided upon within a week of the homeopathic consultation. It may be mailed to your home or drop-shipped directly to your home from a homeopathic pharmacy. Those in the northwest Houston area may pick up the remedy themselves if the practitioner and client agree to placing it into the black remedy box outside the entrance to the MOT office. In the event the remedy is not easily accesible (i.e. a less commonly-used remedy that is harder for the clinician to gain access to), a longer wait time will be required for the clinician to secure the remedy and to then get it shipped to the client.

_____ _____

Signature Date