

Free and Healthy Children International

By-laws

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Chapter One: Mission and Purpose

The name of this organization shall be Free and Healthy Children International, or FHCi, henceforth referred to as the Association. We shall be known by no other legal name. This organization shall be a not for profit corporation for the purposes of charitable, educational and research activities. We are in and governed by the statutes and regulations of the state of Minnesota.

Our mission and objectives include: educating parents, caregivers and health practitioners about healthy immune system function and maturation; certifying practitioners in the administration of Homeoprophylaxis; and overseeing the collection and analysis of data regarding the effectiveness of Homeoprophylaxis as it affects long term health.

FHCi operates on a model of benevolence towards *HP Families*, *HP Supervisors* and the *Board* by way of working within the honor system of individual responsibility and integrity towards the mission and financial obligations described in these bylaws. FHCi entrusts *HP Supervisors* as Agents of FHCi to act in accordance to their better judgement towards the health of the children in their *HP Families* and their fiscal responsibilities to FHCi. Free and Healthy Children International is a membership association.

There are three levels of Membership with the option of more levels of membership to be implemented:

1. *HP Supervisor* Membership here after called HP Supervisors and are considered agents of FHCi

2. *HP Family Membership*, here after called HP Family Member
3. *Retired HP Supervisor*, here after called Retired Member

Chapter Two: Board Members, Committees, Delegates and Alternate Delegates

2.1: Qualifications of Board Holders: Only members of the Association are eligible to hold an office on the board. All members of the board are aligned with the philosophies of homeopathy and of Homeoprophylaxis. The Board may consist of *HP Supervisors* or *HP Family Members*.

2.2: Board of Directors: The Directors of the Association shall include 1. Director, 2. Vice Chair, 3. Office Administrator 4. Secretary, 5. Medical Advisor, 6. Treasurer, 7. International Development Coordinator, 8. Canadian International Liaison, 9. Internal Communications Representative, 10. Public Communications Representative, 11. Ethics/Legal Representative, 12. Outreach Coordinator, 13. Editing/Documents. All officers shall be elected or appointed by the Board of Directors.

The Board of Directors shall consist of Thirteen (13) members. The majority of the *Board* shall be certified *HP Supervisor* members of the Association or *HP Family Members*. All *Board* members shall have the right to vote. The Director or Vice Chair shall determine and announce the time and place of regular meetings. Special meetings may be called by Director or by a request of three (3) members of the board. Seven (7) votes shall constitute a quorum.

Subject to the provisions of these by-laws, the Board of Directors shall be vested with full and complete authority and power to do and perform all acts and to conduct, manage, control and transact all the affairs and business of and for and on behalf of the Association and to manage and conduct all the work and activities of the Association in fulfilling the purposes thereof. This *Board* shall manage and control the financial affairs of the Association, make or authorize the officers of the Association to make contracts and leases, disburse the funds of the Association and open and close bank accounts.

Any *Board* member may serve on the Board in only one capacity. If appointed to a second office which occupies a position on the Board, the first position shall be declared vacant and shall be filled as provided in these by-laws. If the mechanism for filling such a vacancy is not covered in these by-laws, the *Board* of Directors has the power to fill the vacancy by appointment until a special election can be held under conditions determined by the *Board* of Directors. *Board* members may act on various committees simultaneously. *HP Supervisors* and *HP Family Members* may serve on the Board or on any committee.

2.3: Terms of Board Positions: Each board position will be set for a minimum of three years and may serve for no more than three consecutive terms. The first year is incoming year and meant to be an orientation year. Each year, as of January 1, recommitment to the subsequent year will be called upon for each board member, understanding that each board member may have life changes that limits their ability to perform their duties. If a *Board* member wishes to relinquish their duties prior to the end of their term they must submit, in writing, with three months' notice, a request to step down. Call for replacements will take place during those three months.

Nominees will be voted on and appointed according to their natural skill sets. No more than 4 board members can change at one time. Accordingly, if more than 4 wish to leave the board at the same time those who have served for a longer period will be given consideration over more recent additions to the board.

If there should ever come a time when a Board Members is considered incapable of tending to their board duties they may be asked to step down by a vote of a simple majority of the board.

2.4: Board Positions

2.4.1: Director: The position of the Director shall preside at meetings of the Association and shall perform such duties as custom requires. The Director shall carry out the will of the Association in all matters not in conflict with these by-laws and shall be its spokesperson and official representative. Board members will defer to the Director for issues related to FHCi. The Director works in conjunction with the Office Administrator and Vice Chair to ensure smooth functioning of the organization. Upon completion of their term as the Director they shall remain in a mentorship position for up to one year for the incoming director.

2.4.2: Vice Chair: To work directly in relationship to the Director. Prepare agendas for board meetings, chair board meetings and assist in communication between board members and committees, HP Supervisor newsletter etc.

2.4.3 Office Administrator: To facilitate and accomplish work in the physical office, overseeing, documents and committees, renewal process, communications, certification completion and other clerical duties for the organization. The Office Administrator shall keep a record of the official transactions and business of the Association and of the Board of Directors and shall be custodian of records of the Association. The Office Administrator shall keep a roll of all HP Supervisor Members, and *HP Family* Members. The Office Administrator shall be a member of the Board of Directors. He/she may be employed by the Board of Directors and may be salaried. The Office Administrator shall be responsible for the general administrative operation of the Association.

2.4.4: Secretary: The Secretary will be responsible for keeping track of the minutes during each board meeting. He/she shall file minutes to the common Google Doc for board approval. Minutes will be filed by date and time.

2.4.5: Medical Advisor: The Medical advisor must be an MD licensed to practice in the state of MN. The role of the medical advisor is to oversee non-licensed researcher practitioners in the provision of Homeoprophylaxis to their clientele and to coordinate access to nosodes. This licensed medical person shall overview the data entry and analysis of the data outlined in these bylaws and provide a prescription to the homeopathic pharmacy that supplies the HP kit to all *HP Family* Members. The role of the medical advisor is diminished due to the creation of the *HP Family Membership* platform.

2.4.6: Treasurer: The Treasurer shall bill for, receive and deposit all dues and monies for the Association. The Treasurer shall keep proper and adequate records of receipts and expenditures. The Treasurer will oversee all aspects of bank balancing and will work in conjunction with another board member on a frequent basis to review cash flow, budgeting and other issues. The Board of Directors may request an audit of said records to be conducted by a certified public accountant selected by the Board of Directors. The Treasurer will be compensated at a rate approved by the board of directors.

2.4.7.1: International Development Coordinator (IDC): The International Development Coordinator will work closely with the Board of Directors to oversee the development of HP protocols in various nations throughout the world. He/she shall promote international development and work to establish representation of and economic relationships for FHCi around the world. The IDC will serve as the link

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between international liaisons from other countries and FHCi to participate in the expansion of HP in those respective countries.

2.4.7.2 International Representatives Responsible to International Coordinator. There is to be at least one representative from each country FHCi is established in. These International Representatives shall work in relation to the IDC who in turn will inform the board of activities taking place in these countries. These positions are still under development and only hold a loose definition so as to make room for the natural way of growth of FHCi. The purpose of these positions is to help establish their own network of FHCi Supervisors and to create an avenue to expansion of Homeoprophylaxis in their country. These positions do not carry a vote nor will attend regular board meetings.

2.4.8: Canadian International Liaison This position acts as liaison to the FHCi board for Canada. He/she is FHCi's representative to that nation's HP Supervisors, ensures compliance with any legal issues regarding nosodes and provides access to the program and communications for the application and expansion of Homeoprophylaxis and development of economic possibilities for FHCi in that country. This person coordinates with the Board to support FHCi's mission as well as ensuring the program is fully integrated both legally and culturally within their home country.

2.4.9: Internal Communications Representative: This position is responsible for communications between professional bodies, pharmacy, strategic alliances and the Board

2.4.10: Public Communications Representative: This position is responsible for overseeing the Social Media Committee and managing all aspects outreach to the public, HP Family newsletters, social media coordination and publicity campaigns. To work in conjunction with other outreach and communications Board Members

2.4.11: Ethics/Legal Representative: This position is responsible for ensuring all documents and actions in FHCi fall within Guidelines for Professional codes of conduct, Ethical concerns of HP Supervisors, HP Family Members, and Adverse Event reporting. The representative will work in direct relationship with the Ethics committee, HP Supervisors and HP Family Members. This representative would also be responsible for keeping up to date on Medical licensing issues, vaccine mandates and other.

2.4.12: Outreach Coordinator: Responsible for overseeing the Volunteers and School outreach. The role of this position is to help form and implement action plans that will deepen relationships with the HP community, and for promoting HP and FHCi in the Homeopathic schools.

2.4.13: Editing/Documents Coordinator: Responsible for tending to and editing all documents needed for processing. This person will work in conjunction with all committees and board members to tend to the number of documents needed to be proofed and published.

2.5: Compensation: Compensation (stipends) may be paid to board members and committee members for costs incurred for board meetings or other expenses deemed appropriate by the board. Compensation for specific jobs and titles will be determined by market trends, outlined by written descriptions of duties, qualifications and salaries, and approved by the board. Board Treasurer, Teacher and Office administrator are compensated for based on budget and payment plan approved by the Board. Individual tasks may be compensated based on budget and benefit. These also will be approved by the board.

FHCi HP Supervisor Membership dues will be waived while serving on the board.

2.6: Committees: Committee will be assembled and dismantled from time to time depending on needs and volunteers to fulfill specific duties.

2.6.1: Fundraising Committee: This committee shall develop and carry out ongoing fundraising efforts to support the vision and mission of FHCi. The committee shall have the liberty to appoint groups or individuals to assist in this goal. This committee will establish fundraising drives for donations and other economic relationships that will serve FHCi.

2.6.2: Research Committee: The Principle Investigator is defined by the research project established in 2009. This committee works under the Principle Investigator established with that research project. The committee shall oversee development of research of Homeoprophylaxis (HP) in line with our mission statement and vision. This shall include, but not be limited to, determining appropriate research parameters, setting up laboratory options for titers, procuring qualified statisticians, data parameters, disseminating research results and networking with other agencies who may be interested in these studies. The primary research FHCi is undertaking is defined in Chapter Nine. Other research projects may be established.

2.6.3: Data/Analysis Committee: This committee shall oversee the collection and storage of data to include, but not limited to, health surveys and socioeconomic data and immunological assays for ongoing research. This committee works under the Principle Investigator.

2.6.5. Education Committee:

2.6.5.1: This committee shall oversee planning and distribution of educational materials and teaching modules for certification of HP Supervisors and keep track of accreditation processes and significant dates for reaccreditation. This committee works under the International Development Representative on the board.

2.6.5.2: This committee shall oversee planning and presentation of local public lectures. Duties would include organizing lecture dates, point of contact with potential locations, advertisement and coordination of HP Supervisors for theses presentations. This committee may have local representatives in different parts of the continent or world.

2.6.6: Social Media Committee: This committee shall oversee the Organization's Social Media Strategy. This role coordinates with the Board Members to support the Organization's mission. The position involves ensuring our social broadcasting is fully integrated with all other efforts across the Organization as well as managing the Social Media budget. This committee shall oversee marketing and publicity campaigns, shall work on all aspects of fundraising activities and with social media platforms to promote the use and education of HP. This committee works under the Public Communications Representative on the board.

2.6.7: Ethics/Legal Committee: This committee, which operates under the co-ordination of the Ethics/Legal Representative, shall be responsible to undertake ethical review of ethic complaints and reported adverse events according to the procedure outlined herein in Ethical Review Process. This committee will also interface with other homeopathic and political organizations dealing with issues that may affect anything regarding the ability for FHCi to fulfill its purposes.

2.6.8: School Outreach Committee Representative: To work in conjunction with the School Outreach Representative to develop relationships with homeopathic schools. This committee works under the Outreach Coordinator Representative on the board.

2.6.9: Editing /Documents: Co-ordinated by the Editing/Documents Representative and responsible for the timely development, editing and publishing of documents.

2.6.10: Website: Under the direction of the webmaster this committee shall be responsible for development, editing and updating of website. This committee works under Administration Representative on the board.

Chapter Three: Appointment Processes for Board Members

3.1: Nominations: Board Members, certified HP Supervisors and HP Family Members may offer themselves or other individuals for application to appointment to board positions. Notice of application period will take place 3 months before the end of term of any board member.

3.2: Appointments: After receipt of application the acting board will assess applicants and vote accordingly on each position available at that time. Appointment will be made to those individuals who gained the majority vote.

3.3: Term of Appointment: Newly elected board members shall take office 30 days following election. Term will last for three years.

3.4: End of Term: Officers to the board may elect for early vacation of their position if they give the board three months' notice of such intention. Similarly if a simple majority of the board deems that a board member be unsuitable or ill equipped to effectively pursue the mission and purpose of FHCi then that board member will be given two months' notice to dismiss their position on the board.

Replacement board members shall be canvassed from the population of HP Supervisors and HP Family Members

Chapter Four: HP Supervisor Membership and Certification

4.1: Membership/Certification: To become a certified member of FHCi a practitioner must complete the 4-hour training module, submit proficiency questions, complete and submit the FHCi credential form and NIH ethics training course. Each Certified HP Supervisor is an agent of FHCi where upon they agree to adhere to the mission, ethics and financial responsibilities this position grants said HP supervisor. All Certified HP Supervisors are **Agents of FHCi**.

4.2.1: Eligibility for Certification for Practicing Homeopaths and Naturopaths:

1. Foundational homeopathic education (min 500 hours)
2. Completion of FHCi training (4 hours, seminars, online training, courses);
3. NIH Online Research Ethics Course (3hours)
4. Completion of ACHENA Course Evaluation form

4.2.2: Eligibility for Chiropractors, MDs, and Naturopaths with insufficient Homeopathic education and Student Homeopaths:

All 1-4.

1. Minimum 125 hours basic principles in homeopathy
2. Basic anatomy physiology and pathology
3. Isaac Golden's 8-hour Online study course on Homeoprophylaxis or similar course
4. 13 hour Online Infectious Disease Course
5. **Or:** Be vetted through interview process or other suitable means of measuring competencies for the application of HP, management of acute conditions in pediatrics with homeopathy and understanding the basics of remedy action and the nature of infectious disease from the point of view of homeopathy.

4.2.3: Required Texts for Training:

1. Vaccine Free Prevention and Treatment of Infectious Contagious Disease with Homeopathy
2. The Solution ~ Homeoprophylaxis: The Vaccine Alternative.

4.3: Application for Membership:

Application for HP Supervisor membership may be filled out on the website along with the registration for training. Payment of Annual dues (or portion thereof) and Certification course fees are all done through the website.

4.4: Benefits and Rights of HP Supervisor Membership

- Designation of letters "C. HP" after your name
- Annual membership in FHCi
- Continued supervision from program coordinators
- Access to Homeoprophylaxis Kit
- Annual re-education opportunities
- Access to all marketing materials
- Access to all documentation for HP packets
- PowerPoint presentation for teaching HP
- Listing on FHCi's website as a certified HP Supervisor
- Participation in growing research study
- Regular newsletters
- Access to data publications, results and updates
- Access the Board meeting minutes
- Access to annual financial report
- Updates on the progress of the Board and work of FHCi
- The privilege to serve on the Board or a committee of FHCi
- The right to ask the board to call a meeting of the membership
- Access to all forums and communication platforms of the membership

4.5: Maintenance of Membership: To maintain Certification, one must achieve 5 Certification Points annually and renew their membership by completion of renewal process and payments of appropriate fees. Below are types of certification points required for maintenance of certification.

Enroll a child into the HP program	1 point per child
or	
Give an HP public lecture	5 points per lecture
Repeat HP training	5 points for full 4 hours
Publish an article on HP	5 points per article
Serve on a FHCi committee	5 points

4.5.2: Discipline against an FHCi HP Supervisor: FHCi operates on a model of benevolence towards HP Families, HP Supervisors and the Board by way of working within the honor system of individual responsibility and integrity towards the mission and financial obligations described in these bylaws. FHCi entrusts HP Supervisors as Agents of FHCi to act in accordance to their better judgement towards the health of the children in their HP Families and their fiscal responsibilities to FHCi.

4.5.2.1: FHCi Property: All HP Family Membership payments are the property of FHCi. An HP Supervisor is required to pay those dues within two weeks of an HP Family Member registering with them. Failure to pay those dues to FHCi and complete the enrollment process of HP Family Members through the website to FHCi constitutes a violation of HP Supervisor responsibilities and is grounds for termination of membership.

4.5.2.2: Delinquency: FHCi Those practitioners who are more than 45 days delinquent in annual dues, who do not submit Family HP Membership dues within two weeks of their registration, or who appear to be negligent towards HP Families enrolled in the HP program, shall be notified by the FHCi Board and given an opportunity to rectify their actions. If not compliant within 30 days of notification they will lose all Benefits and Rights of Membership with FHCi. They will no longer be permitted to use the designation of C. HP after his/her name, to use FHCi promotional and written documents, to have access to the HP program Kit and will be removed from the website, etc. Said practitioners shall be notified of such action. All enrolled HP Families under that HP Supervisor will be transferred to another HP Supervisor according to mutual agreement. Any amount of HP Family Membership dues not collected by FHCi will be levied against said HP Supervisor.

4.5.2.3: Unresolved Ethical Issues: As per our mission statement and the spirit of benevolence offered within the construct of FHCi, we hope that all potential ethical issues will be averted and if they do occur they would be resolved in a cordial manor. In the event of repeated complaints or inability to resolve an issue, FHCi reserved the right to pursue termination of said HP Supervisors Membership.

4.6: Termination of Membership: HP Supervisors can voluntarily withdraw from membership to FHCi at any time. At that time, they will relinquish all FHCi Benefits and Rights. They will, however, continue to be responsible to the HP Family Members they have registered until that(those) child(ren) have completed the program; or they can transfer the responsibility of those families to another certified HP Supervisor through mutual agreement. While the HP Supervisor may have relinquished their rights and benefits of membership with FHCi it is understood that those families who have registered as an HP Family Member are still entitled to their full benefits and rights with FHCi even if they stay with that HP Supervisor who is no longer an FHCi member.

Failure to pay dues and HP Family Membership fees, maintain certification requirements, failure to return HP documents in a timely manner, misrepresentation of FHCi and its purposes in the application of

the HP program and research and/or failure to respond to the needs of registered families with respect to the HP program may constitute termination of membership.

4.7: Retirement from Practice: If an HP Supervisor is to retire from practice part of their retirement planning would be to discontinue registering HP Families into their practice given that the program fees are payment in advance for the duration of the program: At least 44 months. At the time of retirement an HP Supervisor is to contact their HP Families and establish an agreement to either to facilitate a coordinated transfer, as detailed below, to another HP Supervisor, for an agreed upon monetary amount, or to continue to provide supervision access to the HP Family Members through the completion of their program.

4.7.1: A retired HP Supervisor may retain their membership with FHCi and access to all the benefits for an annual fee of \$35 and thereafter called a Retired Member. Their name will be removed from the Website listing.

4.8: Coordinated transfer of an HP Family Member:

4.8.1: Coordinated Transfer requested from HP Supervisor:

4.8.1a: If an HP Supervisor were to retire, dissolve their practice or otherwise cease to practice All HP Family Members (and those HP Families who registered under research or prior to inception of the HP Family Membership level) have the right to a coordinated transfer to a different HP Supervisor. The HP Supervisor must notify the HP Family Member of the need for this transfer and will facilitate this process. This arrangement must in all possibility be made by the HP Supervisor and the HP Family according to their preference. The HP Supervisor shall transfer a reasonable amount of the program supervision fee to the new HP Supervisor on mutual agreement considering the amount of time that has lapsed in the program.

4.8.1b: In situations where the HP Supervisor is not able to undertake this process a member of the FHCi Board or committee member will facilitate the process. At such time of transfer a new HP Supervisor is selected and a fee comparable to the amount of time left in the HP program will be transferred from the first HP Supervisor to the second HP Supervisor. If it is not possible to transfer this fee, there will be a call for a volunteer HP Supervisor to take this place.

4.8.2: Coordinated Transfer requested from HP Family:

4.8.2.a: Reasonable reasons for coordinated transfer requested by HP Family include:

1. HP Supervisor becomes unavailable through death or retirement or other extenuating circumstance.
2. Ethical complaint against existing HP Supervisor.
3. The HP Family Member has joined practice of another homeopath and would like that homeopath to supervise the remainder of the program.

4.8.2.b: Method of coordinated transfer

If relationship is cordial with existing HP Supervisor the HP Family Member is to notify desire to transfer and may select any HP Supervisors of their choice for transfer if that HP Supervisor is aggregable to the transfer. Monetary exchange will be on mutual arrangement between old and new HP Supervisors.

If the HP Family is not able to or is unwilling to communicate with their HP Supervisor they may call upon the help of the FHCi Ethics Committee to facilitate this process. Unless it is established that their existing HP Supervisor has acted unethically, at the time of transfer a new supervision fee is to be levied on the family by the new HP Supervisor for the remainder of the program. This fee is to be negotiated between the new HP Supervisor and the HP Family Member.

Chapter Five: HP Family Membership

5.1: New HP Families:

By consenting to the Membership Agreement provided to families wishing to partake in the HP program with FHCi HP Family Members are granted Membership. The non-refundable fee of \$35, which is included in the initial supervision portion of the HP program for HP Family Membership, is to be collected by their selected HP Supervisor, and transferred to FHCi at the time of HP Family Member's consent and purchase. This fee grants the HP Family Member and their enrolled children the following rights and benefits:

- Complete and full access to any and all HP Supervisors listed with FHCi
- Complete access to the HP program, related printed materials, and Homeoprophylaxis nosodes sufficient for the program
- Ongoing supervision for their child(ren) undertaking the program for questions and support pertaining to the program, with a certified HP Supervisor
- Right to detailed informed consent about the HP Program, remedy responses, and what to expect
- Right to a coordinated transfer to a substitute HP Supervisor, according to the specifics outlined in the FHCi bylaws
- Right to access our Ethical Review Process if you feel your HP supervisor has willfully or unintentionally neglected the appropriate and needed supervision of the program
- Complaints against an HP supervisor must be submitted in writing to FHCi within three months of the incident of complaint. These will be sent to the Ethics Review Committee for evaluation and remediation action.
- Right to access our Adverse Event Reporting Process if there has been an adverse event above and beyond normal immunological stimulation expected from the use of HP Nosodes.

Definition: *An adverse event is defined as a death, life-threatening adverse drug or device experience, inpatient hospitalization or prolongation of existing hospitalization, a persistent disability/incapacity, or a congenital anomaly/birth defect*

- Adverse Event Reports must be submitted in writing to FHCi within three months of the incident of complaint. These will be sent to the Adverse Event Review Committee for evaluation and published according to the Adverse Events Reporting Procedure.
- Upon request, access to the Association's Bylaws and public records
- Subscription to the FHCi family newsletter (Email)
- Access to participation in community gatherings and social media groups (Public or Private) to connect and relate with other HP Family Members to share and discuss the use and experiences of HP.
- FHCi Annual report (E-copy)

- Guarantee that all Personal Health Information (PHI) submitted to your HP Supervisor Records of the HP Family Membership agreement and PHI submitted at time of registration are to remain in the custody and in the confidential holding of the HP Supervisor member. With the exception that FHCi holds the right to access non-PHI for research purposes, but may be called upon for review by FHCi for any research activity. Personal Health Information of all Family 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 Family Member.
- Membership with FHCi will remain intact unless the family member submits in writing their desire to withdraw membership. Withdrawal of Membership prior to completion or of the program does not negate any agreements made regarding access to previous and existing participation in the HP Program. Withdrawal of HP Family Membership includes removal from all social media platforms that membership entails and continued access to HP Supervision. The FHCi HP Family Membership fee is non-refundable as with any other supervision fees, HP Program booklet fees or Remedy Kit fees associated with participation in the program.

5.2: Grandfathering Existing Families

Families already enrolled in the HP program under research or otherwise are entitled to retroactively become an HP Family Member. Enrollment for existing HP Families includes the completion of the forms located on the website. Existing HP Families are complementarily enrolled but may donate the one-time suggested fee of \$35 as per the instructions on the website. All HP Families once enrolled may be solicited for further donations to FHCi.

Chapter Six: Ethical Review Processes

6.1: Ethical Review Process for Complaints Filed by an HP Family Member against an HP Supervisor

If there ever arises a complaint against an FHCi HP Supervisor for willful or intentional acts, the HP Family Member has the right to submit a complaint in writing to FHCi for review within three months of said incident.

Procedure:

1. Complaint received by main office of FHCi, FHCigrants@gmail.com
2. Ethics review committee will be contacted and complaint forwarded
3. The name(s) of HP Supervisor and of the Family Members in said complaint will be held in confidentiality from the FHCi board during the review process
4. Ethical review committee will reach out to HP Family Member and HP Supervisor for clarification of incident(s) in question.
5. Analysis of review will also seek to find a remedial solution
6. A written report and analysis of complaint will be submitted to the Board of Directors within one month of the filing of the complaint.
7. Board will decide based on the suggestion of the Ethics Review Committee within one month of receiving report
8. Complainant and HP Supervisor will be contacted by Ethics Review Committee for remediation.
9. Final report to be submitted to Board for records

6.2 For Complaints Against an HP Family Member by an FHCi HP Supervisor

If the any unforeseen event or situation were to arise where an HP Supervisor wishes to withdraw consent to supervise a HP Family Member who has registered under them, that HP Supervisor has the right to transfer said family member to another HP supervisor as outlined in the section under coordinated transfer in the HP Supervisor Membership Rights benefits and responsibilities section.

If the HP Supervisor feels that the HP Family member has behaved in such a way as to violate the ethics of the program or the HP Supervisor – HP Family Member relationship and the relationship is irreparable, the HP supervisor should follow this course of action:

1. Complaint received by main office of FHCi filed by the HP Supervisor
2. Ethics review committee will be contacted and complaint forwarded
3. The name(s) of HP Supervisor and of the in said complaint will be held in confidentiality from the FHCi board during the review process
4. Ethical review committee will reach out to Family Member and HP Supervisor for clarification of incident(s) in question.
5. Analysis of review will also seek to find a remedial solution
6. A written report and analysis of complaint will be submitted to the Board of Directors within one month of the filing of the complaint.
7. Board will decide based on the suggestion of the Ethics Review Committee within one month of receiving report
8. Complainant and HP Supervisor will be contacted by Ethics Review Committee for remediation.
9. Final report to be submitted to Board for records

Chapter Seven: Adverse Event Reporting Procedure

Definition: *An adverse event is defined as a death, life-threatening adverse drug or device experience, inpatient hospitalization or prolongation of existing hospitalization, a persistent disability/incapacity, or a congenital anomaly/birth defect.*

1. Procedure if family believes a child has reacted to an HP nosode in such a way that there may be an adverse event:
2. HP Family Member is to contact their HP Supervisor as soon as event occurs
3. HP Family Member has up to three months to report such an event
4. HP Supervisor is to work with family to evaluate health status of the child and emergency medical support if needed
5. HP Supervisor is to take a full written report of events leading up to adverse event to evaluate if there could be other extraneous circumstance that may have led to adverse event, including but not limited to nosode and potency given. Gender and age of child, dates of administration, previous reactions to other nosodes, long term health status of the child, previous vaccinations and reactions to vaccinations, recent illnesses that may be confounding factors, Illnesses of Family Members or possible contact with other contagious individuals, and/or other environmental, nutritional, or medicinal exposure in the same time frame. HP Supervisor is to complete HP Supervisor Adverse Event Reporting Form.
6. HP Supervisor can seek supervision at any point in the process to assist family in advising for remedial solutions

7. After the consultation with the HP supervisor, Family Member is to use the FHCI Family Member Adverse Event Reporting form to give a full written description of events that occurred and the medical treatment, homeopathic or otherwise, obtained to mitigate the event.
8. This form is to be submitted to the HP Supervisor for review within three months of said event.
9. At that time, HP Supervisor is to submit both forms to the Adverse Event Review Committee for review. The review committee may contact the family or HP Supervisor for clarification.
10. The Adverse Event Review Committee will review documents and write a full report to be submitted to the Board.
11. All Adverse events will be logged and made public on the website, withholding PHI of the family Member and child in question and the name of the HP Supervisor.

Chapter Eight: Funds, Dues, Assessments, and Remuneration of Services Rendered

8.1: Certification: There will be a one-time fee levied to qualified practitioners to complete the four-hour FHCi training module for certification. Certification grants the practitioner the initials C. HP, indicating that the practitioner is now considered to be an HP Supervisor.

8.2: HP Supervisor Dues: First year dues will be paid at time of certification. Then membership dues will be due for each subsequent year to maintain certification and membership. Dues shall be paid annually by the 30th day of January by each HP Supervisor. The Treasurer and Office Administrator shall keep an accounting of said dues and annually update a record of delinquent members. Dues will be prorated for time of Certification (partial year payment) and due at time of registration for certification. Lapsed members may renew the following year without any education requirements.

8.3: HP Family Membership Dues: Upon Registration and HP Family is to pay the HP Supervisor directly for their one-time membership fee to FHCi. The HP supervisor is to transfer this fund to FHCi according to the directive of FHCi.

8.4: Transfer of HP Family Membership fee to FHCi: Upon registration of an HP Family, The HP Supervisor is to collect the \$35 HP Family Membership fee as a part of their entrance fee to the program and transfer this fee to FHCi through the FHCi website. HP Supervisors have two weeks from the time of registration of the HP Family Member to complete this transaction. FHCi has no way to police HP Supervisors in this process and bestows upon it HP Supervisors absolute trust in their commitment to FHCi.

8.5: Supervision of HP Supervisors: Supervision of HP Supervisors shall be carried out by program coordinators in each pre-determined designated geographical area. This supervision may be levied a per session fee.

8.6: Education Continuing education is required for HP Supervisors who have not registered at least 5 children annually. There is a fee for retraining. Periodic free teleconferences will be held to inform members of updates, progress and changes to the program. Lapsed HP Supervisors who have been inactive for more than 2 years may recertify to reinstate or demonstrate competency through resubmittal of Proficiency Questions to their membership.

8.7: Public lectures HP education for the public will be developed by program coordinators and HP Supervisors. 15% of donations received at FHCi promoted events will be submitted to FHCi.

8.8: Fundraising FHCi will actively seek out grants to fulfill its purposes. FHCi will embark on fundraising and marketing drives to fulfill financial obligations to its officers and stakeholders.

8.9: Donations FHCi will actively seek out donations to fulfill its purposes.

8.10: Donations received on behalf of other organizations: FHCi as a non-profit can receive money on behalf of other organizations who share the same mission and purpose as FHCi: That of expanding the use and awareness of Homeoprophylaxis. Once received, FHCi will transfer the funds, for a fee, to said organizations based on the contractual agreements established between FHCi and those organizations.

8.11: Fiscal year: FHCi works on a cash accounting method and its fiscal year shall be from January 1 to December 31.

8.12: Remunerated Services Remuneration is based on funding potential and annual budget

- Board members
- Committee work
- Fundraising
- Social media
- Teaching
- Travel
- Supervision of program
- Research
- Data entry
- Data analysis

Chapter Nine: Research, Data Collection and Analysis

9.1: Research: The research of FHCi begins with the following Hypothesis:

Part one: Parents who take responsibility for the health of their children are able to and capable of utilizing a self-administered program for this purpose.

Part two: Homeopathic dilutions of disease material (Nosodes) are able to stimulate sufficient immunological response of the individual to engender immunity to the respective disease. Repeated dosing of said nosodes in a series, like in a vaccine schedule, serves to educate the immune system towards a variety of disease processes which then serves to not only reduce disease incidence but also to enhance long-term health outcomes.

This Homeoprophylaxis public health care model will prove to be an effective application of a public health care model for disease prevention.

9.2: Data collection: Data will be collected by all participating families and entered into a secure data base for analysis. There will be two groups of data: those entering the program from the outset of the research April 2009 - March 31, 2014, and those entering the program from April 1, 2014 to December 31, 2014. Participants will be followed until they either withdraw from the program or they complete the program (44-55 months) with the addition of a 5-year follow-up.

9.3: Analysis: The analysis of the research will cover the following parameters of concern:

Part One:

1. Effectiveness of the application of the program will be determined by patient/parent compliance.
2. Added value to quality of life, annual medical costs and parent satisfaction.

Part Two:

1. The symptomatology and immunological effects in response to each remedy.
2. Disease incidence and severity of the 8 diseases we are tracking as compared to that of children who have undergone current vaccine schedules.
3. The effect of The Morphogenetic Field Effect of synchronized dosing and immunological reactions as compared to dosing reactions on dates that are not synchronized.
4. Long and short-term health outcomes reflecting 5 different parameters of frequency and intensity of symptoms, as compared to vaccinated children, will include: ear, nose, throat pathology; asthma; allergies; skin conditions; and behavioral/neurological pathology.

9.4: Publication All analysis and results will be published in a variety of sources including but not limited to journals, conferences, public announcements, television and radio broadcasts and internet avenues.

[**Chapter Ten: Promote Access to HP - Education, International Outreach**](#)

10.1: International Education: To fulfil this area of FHCi's purpose members of FHCi board and active Certified HP Supervisors will actively pursue avenues to educate and disseminate information about Homeoprophylaxis locally and globally.

10.2: International Access to HP: To fulfill the above intentions FHCi will also seek out avenues that will ensure public access to HP wherever there is need and desire from the local population. FHCi will work closely with international working groups of homeopaths and local leaders to ensure seamless application of the HP program relevant to the infectious disease incidence need, local legal climate, culture and customs of the population served.

10.3: Relief organizations: FHCi will work with relief organizations, Non-Governmental Organization (NGOs) and the World Health Organization (WHO) as much as possible to ensure an individual's right to access HP for disease prevention.

[**Chapter Eleven: Powers and Duties**](#)

11.1: Powers: The Association shall have and may exercise all of the powers and privileges expressly stated in the Articles of Incorporation or reasonably implied therein.

11.2: Official Publications: The Association Website and Constant Contact Newsletters are declared to be the official publications of the Association. Publication on the Website of notices of meetings (regular and special), hearings, minutes of Association meetings and minutes of the Board of Directors shall be posted with due and proper notice of these matters. Annual report is to be published each February.

11.3: Official Seal: The official and corporate seal of the Association shall carry the following words: "Free and Healthy Children International" or "FHCi."

11.4: Amendments: These by-laws may be amended in whole or in part, in the following manner: First, during a regular meeting of the Board the proposals are to be discussed. Then the amendments must be FHCi By-Laws updated and approved 8.7.17

approved by a Seven Thirteenths (7/13) majority of the Board of Directors at the next regular meeting of the Board.

11.5: Adoption: By approving and adopting these amended by-laws, the Association declares that these supersede and take the place of all previously existing by-laws in their entirety.

11.6: Board Member Vacancies: In the case of vacant positions on the board the board will proceed as normal until that position can be filled. During this time, there can be no major changes to the bylaws, constitution or foundational work of the organization. There must be a minimum of 7 board members for any election and a minimal vote count of 7 affirmed in order to pass any other decision that requires the board to vote. If there are sufficient voting members then new projects can proceed.

Chapter Twelve: Meetings

The Board shall meet are regular intervals throughout the year. These meeting shall occur at least once a month. Minutes of these meetings are to be held within the board. Public access to minutes will be made upon request.

There shall not be a set annual meeting of the membership, but membership meetings may be held at such times as determined by the Board of Directors. Special meetings may be called by the Director, Board, or by written petition of five percent (5%) of the active HP Supervisor or HP Family Members who shall state the purpose for which the meeting is called. Published notice of the time and place of membership meetings and of the time, place and purpose of each special meeting shall be provided to each active member of the Association not less than ten (10) days prior thereto. At any special meeting, no business other than that specified in the notice of the meeting shall be transacted. Ten percent (10%) of active members shall constitute a quorum at any meeting of the membership.

Chapter Thirteen: Rules of Order

The deliberations of the Association shall be governed by the parliamentary usage as contained in Demeter's Manual, except where modified by the Constitution or by-laws or unless suspended by a Seven Thirteenths (7/13) vote of those members of the Association whose number represents a quorum.