

## Client Informed Consent and Disclosure for the Practice

### Please read and initial each section:

\_\_\_ 1. I am aware that the practices of medicine, nursing and midwifery have some similarity but are distinctly different, that no healthcare or medical discipline is an exact science and I acknowledge that no guarantees can be made to me concerning the results of midwifery care provided to me, my unborn or newborn child.

\_\_\_ 2. **General & Specific Permissions for Hands-on Care & Physical Exams:** I authorize Brenda Parrish, CPM and her assistants and students to perform, according to their training and expertise, physical exams on me to confirm general health and pregnancy status, obtain laboratory specimens and assess the condition of my fetus via palpation of my uterus and listening to fetal heart tones. I understand that Brenda is a preceptor of students who will occasionally practice their increasing skills under her supervision. Furthermore, I understand that I may decline standard midwifery care or withdraw my consent for routine treatment at any time. Invasive procedures, including routine vaginal exams, are to be done only with my express permission, given at the time that care is being rendered.

\_\_\_ 3. **Additional Informed Consent Conversations & Documentation** will be provided to me relative to medical interface and emergency plans, GBS protocols, labor and birth at home, neonatal Vitamin K & eye prophylaxis and/or any decline of standard midwifery care, medical referral, medical advice or other special circumstance waiver of care.

\_\_\_ 4. **Right of client to withdraw from care/Right of midwife to terminate care:** I understand that I may withdraw from midwifery care at any point and that my midwife may terminate her caregiver relationship with me by providing 14 days written notice so that I may make alternative arrangements. The exception to this would be non-compliance to a life-threatening situation during pregnancy or labor in which I am prohibited to refer, transfer care or perform life saving procedures. In that situation, I may verbally remove myself as caregiver immediately. If this occurs during labor, I will call 911 on your behalf.

\_\_\_ 5. **Assistants and Associate:** I understand that other people besides Brenda Parrish, CPM may be involved in my care, including but not limited to an assistant or midwifery student, consulting physicians/midwives, birth assistants of your choice and other midwifery colleagues (such as an 'on call' midwife). I release Brenda Parrish to discuss or share my records with other directly involved in my care, either by reason of consult or transfer of care.

\_\_\_ 6. **I have been informed** that Brenda Parrish, CPM does not carry malpractice insurance.

\_\_\_ 7. **I understand** that hiring a midwife does NOT guarantee a successful home birth. It is also the function of our midwife to provide prenatal care in which conditions that become high risk are referred to other providers for either consultation or transfer of care. During labor, a midwife is to use her best judgement and experience in determining whether the birth can occur at home or if there is a need to transfer care to a medical facility.

\_\_\_ 8. **Client Agreement:** I have read the *Client Informed Consent and Disclosure for the Practice*. My questions have been satisfactorily answered. I understand and accept the conditions for my care as presented in this document and in conversation with my midwife.

Client Informed Consent and Disclosure for the Practice

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of midwife

\_\_\_\_\_  
Date