Registration Packet

Client Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number #: _____ Client SS#: _____

Insurance

Primary Insurance Provider: _____

Insurance ID Number: _____ Group Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

Relationship of Policy Holder to Client: _____ Policy Holder SS#: _____

Secondary Insurance Provider (*if applicable*): _____

Insurance ID Number: _____ Group Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

Relationship of Policy Holder to Client: _____ Policy Holder SS#: _____

Do you have any other insurance plans in your name? _____

_____

Staff Initials: _____ *Recent Copy of Insurance Card on File: Yes* ☐ / *No* ☐

Financial Liability

Assignment and Release: I hereby authorize my insurance benefits be paid directly to The Birth House at Around The Circle Midwifery, LLC. I am financially liable for any services not covered/allowed/authorized by my insurance/managed care plan. I also authorize The Birth House at Around The Circle Midwifery, LLC or insurance company to release any information required to process my insurance claims.

Client Name (*Printed*): _____

Client Signature: _____ Date: _____

Acknowledgment of Notice of Privacy Practices

Dear Client:

Federal law requires us to provide you with a Notice of Privacy Practices, which is our explanation of how we use and disclose your health information, and to ask you to acknowledge that you have received the notice. The notice is posted in our lobby and available online at www.olympiabirthcenter.com.

You have the right to review our Notice before signing this acknowledgement and to ask for an explanation on any part of the Notice, or any other aspects of our use and disclosure of your health information. The terms of our Notice may change as the law and our practices change. If we change our Notice, we will have revised copies available for you when you visit us. We will also send you a revised copy upon your request.

We appreciate you signing this form, which acknowledges that you have received, or have been offered and refused, a copy of our Notice of Privacy Practices.

Client Name (*Printed*): _____

Client Signature: _____ Date: _____

Client Bill of Rights

It is the intent of The Birth House at Around The Circle Midwifery, LLC to provide each client with quality health care in a caring, competent, and accountable manner.

Services offered by The Birth House at Around The Circle Midwifery, LLC include: care during your labor and birth, 3-6 hours of postpartum care for each low-risk maternity client, and care of the newborn during transition/stabilization.

A "low-risk maternity client" meets the following criteria:

- Is at term gestation (between 37-42 weeks)
- Is having regular prenatal care
- Is expecting a normal, uncomplicated birth
- Has not had a previous caesarian section or other major uterine wall surgery
- Has no significant signs or symptoms of anemia (low iron)
- Does not have an outbreak of genital herpes
- The placenta is not covering the cervical opening in the uterus and it has not detached from the uterine wall before the baby is born (placenta previa/placenta abruption)
- The baby is head down (no known non-cephalic presentation)
- Does not have high blood pressure
- Has a normal amount of amniotic fluid
- Is only carrying one baby
- Is not struggling with substance addiction
- Baby is growing normally without growth restriction
- Is having labor that is progressing appropriately
- Desires an out-of-hospital birth with the knowledge that pain medication is not readily available

If there are questions regarding eligibility, contact your midwife for further explanation. If at any time a registrant no longer meets the criteria of a "low-risk maternity client," they will no longer be eligible for care at The Birth House at Around The Circle Midwifery, LLC.

The policy and procedures for admission, discharge, consultation, and maternal/newborn transfer of care (with and without maternal and neonatal emergencies) are to be adhered to as per The Birth House at Around The Circle Midwifery, LLC's informed consent registration paperwork. The policy and procedures can be read in the informed consent paperwork.

Providence St. Peter Hospital is less than two miles from The Birth House at Around The Circle Midwifery, LLC and is the preferred referral location for clients and babies requiring additional levels of care.

Initial: _____

Client Bill of Rights

(Continued)

Clients are to have access to the following:

- A fully itemized billing statement including the date of service and the charge, upon request
- The Birth House at Around The Circle Midwifery, LLC's liability insurance coverage, upon request
- Information regarding all diagnostic procedures and reports, recommendations, and treatments
- Prophylactic treatment of the eyes of the newborn in accordance with WAC 246-100-202 (1)(e)
- Intramuscular Vitamin K for the newborn
- Newborn screening requirements under chapter 70-83 RCW and chapter 246-650 WAC, including a provision of a copy of the parent information pamphlet "*Newborn Screening Tests and Your Baby*"
- Newborn hearing screening tests and their availability in the community

Clients have the right to:

- Be treated with courtesy, dignity, respect, privacy, and freedom from abuse and discrimination
- Refuse treatment or services
- Privacy of personal information and confidentiality of health care records
- An advance healthcare directive
- Be cared for by properly trained personnel, contractors, students, and volunteers and be informed of the qualifications of clinical staff, consultants, and related services and institutions
- Be informed of the client's rights with regard to participation in research or student education programs
- Submit concerns and complaints to The Birth House at Around The Circle Midwifery, LLC in writing and addressed to the owners. They may be submitted without concern for retaliation. Complaints may be submitted directly to the Washington Department of Health hotline at (800) 633-6828.

I have read and understand the above Client Bill of Rights.

Client Name (*Printed*): _____

Client Signature: _____ Date: _____

Staff Representative: _____ Date: _____

Informed Consent

- I have chosen to have my baby at The Birth House at Around The Circle Midwifery, LLC, a state-licensed, free-standing, out-of-hospital birth center. I understand that there are special responsibilities and risks that are attached to such a decision. Although many potential problems can be foreseen and/or screened for, there are some complications which cannot be predicted either in or out of hospital.
  Initial: _____
- The Birth House at Around The Circle Midwifery, LLC provides medications to control hemorrhage, shock, and seizure as well as resuscitation equipment. Not available at The Birth House are the following: epidural anesthesia, pain relieving medications, vacuum extractors, forceps, intubation, and caesarian section. A transport to the hospital would be needed to access these. **Initial:** _____
- I understand that unexpected neonatal emergencies requiring complex resuscitation are rare, but can occur. I understand that the birth center staff is prepared to provide initial steps of newborn resuscitation (upper airway clearance) and provide bag-and-mask ventilation, and chest compression, if needed until emergency medical service providers arrive to provide complete resuscitation procedures, if required.
  Initial: _____
- I understand that the choice for place of birth is contingent upon the progress of this pregnancy, compliance with prenatal care plans, and meeting of my responsibilities as outlined and discussed with my midwife.
  Initial: _____
- I understand HIV screening is available prenatally and may be obtained from my midwife. I understand I will be offered a rapid HIV screening in labor if I decline prenatal HIV screening.
  Initial: _____
- I have discussed the above issues with my midwife. I understand the unpredictable nature of birth and the potential risks, benefits, and responsibilities involved in choosing a birth center birth and am willing to accept these. The healthcare providers at The Birth House at Around The Circle Midwifery, LLC accept only "low-risk maternity clients" as defined by WAC 246-324-010 as candidates for birth at The Birth House at Around The Circle Midwifery, LLC
  Initial: _____
- If it should become necessary to transport during active labor, the appropriate hospital would be notified and my midwife would ensure proper transfer to a qualified physician as well as transfer paperwork. I understand that if I am transferred to the hospital, The Birth House at Around The Circle Midwifery, LLC will still bill for the time I used the facility. **Initial:** _____
- I understand RhoGAM is recommended to be administered within 72 hours of birth for Rh- mothers giving birth to Rh+ newborns. **Initial:** _____
- I have reviewed and been offered a copy of the "Notice of Privacy Practices." I have had all my questions answered regarding this policy and understand under what circumstances my information may be shared with outside organizations or individuals. **Initial:** _____
- I agree to reimburse The Birth House at Around The Circle Midwifery, LLC any and all reasonable and customary fees for any damages or theft incurred on the premises to furniture, upholstery, flooring, equipment, etc. by me or my visiting friends/family. **Initial:** _____
- I understand that children at The Birth House at Around The Circle Midwifery, LLC need to be supervised at all times by an adult who is not attending the birth. **Initial:** _____
- I have been informed that The Birth House at Around The Circle Midwifery, LLC does not provide food service and that we are responsible to bring any food and drink items for labor, delivery, and postpartum. A microwave oven, toaster oven, and refrigerator are available. **Initial:** _____
- I agree to have an appropriate, non-expired, child restraint system for my newborn and will utilize this car seat when transporting my newborn in a motor vehicle. **Initial:** _____

Informed Consent

(Continued)

- I understand that the vast majority of free standing birth center transfers to hospitals in this country have not been emergent in nature and the clients that are transferred are able to arrive at the hospital in their own vehicles. Such non-emergent problems include but are not limited to:
  - Failure to progress in labor
  - The mother's desire for pain relieving medication
  - The mother's desire to be at the hospital for any reason
  - Abnormal postpartum laceration requiring a physician to repair. **Initial:** _____

- I understand that in the case of a "time sensitive" problem, transports would be provided by ambulance. Such problems include, but are not limited to:
  - Fetal distress
  - Abnormal maternal bleeding prior to birth
  - Maternal shock
  - Abnormal postpartum bleeding
  - Newborn distress **Initial:** _____

- I understand that I will be officially discharged from the care of my midwife and The Birth House at Around The Circle Midwifery, LLC after 3-6 hours; unless there is a complication; at which time I/my newborn will be transferred to the hospital. I take full responsibility for the care of my newborn and myself upon discharge and will not hold The Birth House at Around The Circle Midwifery, LLC or any midwife or staff member liable for a problem that may develop after my official discharge. Prior to discharge, I will receive information about how to contact my midwife and in the event of an emergency, I will call 9-1-1. **Initial:** _____

- I understand that I must arrange for my partner or another adult to stay with me at all times during my stay at The Birth House at Around The Circle Midwifery, LLC. I understand that other birthing suites are reserved for other birthing families and are not to be disturbed. **Initial:** _____

- As a courtesy, The Birth House at Around The Circle Midwifery, LLC will bill your insurance company for you. The Birth House at Around The Circle Midwifery, LLC will bill a facility fee, supplies, and a newborn exam fee. You are responsible for the balance not paid by your insurance company. Facility fees will be billed in the event of a transfer. **Initial:** _____

- I understand that there is no guarantee The Birth House at Around The Circle Midwifery, LLC providers and staff have been immunized. **Initial:** _____

There is no guarantee of outcomes of birth. Birth is not without risk, whether in a hospital or birth center. You are encouraged to ask any questions that would further clarify this preceding information. This is your consent for the use of The Birth House at Around The Circle Midwifery, LLC, willingness to accept the risk and limitations as noted above, and acknowledge that you have been oriented to the fees, facility, and services provided.

Client Name (*Printed*): _____

Client Signature: _____ Date: _____

Staff Representative: _____ Date: _____

Registration Fee Agreement

Client Name (*Printed*): _____ Due Date: _____

There is a **$250.00** fee to register at The Birth House at Around The Circle Midwifery, LLC. This registration fee covers our administration costs for enrollment and the service of a trained birth assistant to attend labor and delivery along with the midwife. The birth assistant will assist the midwife directly and is not intended to fill the role of a doula (trained labor support). This fee is not billable to insurance companies and is considered an out-of-pocket expense and is due at the time of registration.

If you are not admitted to The Birth House $200.00 of the fee will be reimbursed.

Registration is due one month prior to your estimated due date and can be paid by cash, check, or credit card. Please make checks payable to **The Birth House**.

Client Signature: _____ Date: _____

(this section for office use only)

$250.00 Received Date: _____ Staff Initials: _____

Method of Payment: _____ Check Number: _____

Newborn Healthcare Provider

The Birth House at Around The Circle Midwifery, LLC staff encourages you to discuss your decision to give birth at the birth center with your pediatric care provider. Your attending midwife will perform a newborn exam after the birth of your baby and may provide well newborn care for the first two weeks of life. A pediatric care provider of your choosing will then assume care of your infant. It is recommended that you choose this provider before the birth of your newborn as the midwife will refer your care to him/her if there are any concerns regarding your newborn's health.

Please read and ***initial*** each of the following statements:

_____I understand the information above and agree to discuss my birth plans with my pediatric care provider.

_____I understand The Birth House at Around The Circle Midwifery, LLC cannot provide prolonged care for the newborn. Newborns with health concerns such as, but not limited to respiratory problems, prolonged hypoglycemia, or certain birth defects will be transferred to the hospital for further evaluation and observation.

_____I agree to observe my baby after discharge from the birth center and notify our pediatric provider with any concerns.

_____I will call my insurance company within one week of my baby's birth to add him/her to my insurance policy.

_____I have been given the opportunity to read the newborn screening handout at www.olympiabirthcenter.com. I understand the screening is recommended after 24 hours of age and again at 7-14 days of age. I understand my newborn may obtain this screening from my midwife or from my pediatrician.

Client Name (*Printed*): _____

Client Signature: _____ Date: _____

Pre-Registration at PSPH

Clients intending to birth at The Birth House at Around The Circle Midwifery, LLC are required to pre-register at Providence St. Peter Hospital in Olympia, WA. Pre-registration can be done in person or online.

I have pre-registered at Providence St. Peter Hospital.

Client Name (*Printed*): _____

Client Signature: _____ Date: _____

Birth Announcement and Photo Consent

Please read and ***initial*** each of the following statements:

_____I grant The Birth House at Around The Circle Midwifery, LLC permission to display photos of our family and our baby born at the birth center that we, the family, have provided to them. I understand that they may be used to promote The Birth House or Around The Circle Midwifery, LLC in photo albums, framed on the walls, used for marketing and advertising, and/or on their website. (www.olympiabirthcenter.com).

_____I grant The Birth House at Around The Circle Midwifery, LLC permission to list my baby's first and middle name, date of birth, and weight in the lobby on the birthday scroll.

Client Name (*Printed*): _____

Client Signature: _____ Date: _____

Approved: 7/2015; Revised: 1/2016, 4/2016, 1/2017