



Consent for Care

Patient's Rights and Responsibilities

I understand that I have the right to be treated with dignity and respect, to have my privacy and confidentiality maintained, to review my medical treatment plan with my physician or practitioner, to be provided with explanations about tests and office procedures, to have my questions answered regarding my care, and to participate in the planning of my management during pregnancy, labor and delivery.

Prior to any treatment, procedure, or drug administration, I will be informed of potential risks or hazards which may adversely affect me or my unborn infant during pregnancy, labor, or post partum.

As a patient of East Bay Perinatal Medical Associates it is my responsibility to be honest about my medical history and lifestyle as it may affect my unborn infant's health. I will follow the health advice and instructions to the best of my ability. I will comply with my prenatal appointments, and will call 24 hours in advance to cancel or reschedule an appointment if necessary. This includes any appointments to referring providers or antepartum testing. If I am unwilling / unable to comply with the recommended care plan, including attending office appointments, I may be discharged from the practice.

I understand that if I am a victim of domestic violence, it is required by law that a representative of East Bay Perinatal Medical Associates make a police report. I understand that a copy of my prenatal records will be sent to Labor & Delivery at Alta Bates Summit Medical Center prior to my hospitalization and/or delivery in order to facilitate my care. Protection of these records then becomes the responsibility of Alta Bates Summit Medical Center.

I understand the above information and consent to care with East Bay Perinatal Medical Associates.

Signature of Patient

Date

Signature of Witness

Date