

Signature Page for Registration Consents

General Consent and Agreement

_____ I/we have read all of the information contained in the General Consent and have had full opportunity to ask questions. All of my/our questions have been answered to my/our complete satisfaction. I/we understand the policies and limitations of the midwives in an out-of-hospital setting and in the hospital. I/we accept my/our responsibilities in regard to the pregnancy, birth and postpartum period and agreed to share the responsibility for the outcome of this birth.

Rights and Responsibilities

_____ I/we have read the Rights and Responsibilities statements and fully understand them. I/we agree to fulfill our responsibilities.

Permission to Add E-mail

The staff of Mother's Own Birth Center maintain a yahoo group for Birth Circle. The Birth Circle group is used to notify our families of current and future Birth Circle topics and meeting changes such as cancellations due to weather or births. We would also like permission to use your e-mail address to invite you to the annual Reunion Picnic.

We do not sell our client contact information and will not make it public in any way. Your e-mail may be viewable by other members of the Birth Circle and Reunion Picnic lists. Please indicate below whether you give permission for us to invite you to Birth Circle and to contact you for the annual Reunion Picnic.

_____ Yes, I give permission for use of my e-mail address to be used for the above purposes only. My e-mail is (please print) _____

_____ No, I do not give permission to use my e-mail for the above purposes.

Verification of Benefits

_____ I/we have been provided with the Client Registration Form from Mother's Own Birth Center and Larsen Billing. I/we agree to complete the forms and return them to Linda or Stacey by the second prenatal visit. (Other instructions for the forms are on the CRF)

Signature of mother: _____ Date: _____

Signature of father: _____ Date: _____

Signature of CNM: _____ Date: _____