

LICENSED MIDWIFE DISCLOSURE FORM

Client: _____ Date: _____

Licensed midwife: _____ Date: _____

Section 2508 of the Business and Professions Code requires that a licensed midwife shall make the following disclosures in oral and written form.

1. All of the provisions of Section 2507 of the Business and Professions Code have been explained to the client.
2. I understand that I am retaining the services of _____, who is a licensed midwife, not a certified nurse midwife, and _____ is not supervised by a physician and surgeon.
3. I understand that the license status of _____ is current and unrestricted and his/her license number is _____.
4. I understand that _____ practices in out-of-hospital settings, including in homes, birth centers and clinics and does not have hospital privileges.
5. I understand that _____ does/does not have liability coverage for the practice of midwifery. I also understand that many physicians and surgeons do not have liability insurance coverage for services provided to someone having a planned out-of-hospital birth.
6. I understand that if I am advised to consult with a physician and surgeon, failure to do so may affect my legal rights in any professional negligence actions against a physician and surgeon, licensed healthcare professional, or hospital.
7. I understand that there are conditions that are outside the scope of practice of a licensed midwife that will result in a referral for a consultation from, or transfer of care to, a physician and surgeon.
8. I understand that the specific arrangements for the referral of complications to a physician and surgeon for consultation are:

9. I understand that the specific arrangements for the transfer of care during the prenatal period, hospital transfer during the intrapartum and postpartum periods, and access to appropriate emergency medical services for mother and baby if necessary are:

I also understand that the licensed midwife recommends that I preregister at a hospital that has obstetric emergency services and is the hospital I am most likely to transfer.

10. I understand that if during the course of care my midwife informs me that I have a condition indicating the need for a mandatory transfer, the licensed midwife shall initiate the transfer.
11. I understand that consultation with a physician and surgeon does not alone create a physician/patient relationship or any other relationship with the physician and surgeon. I understand that _____ and any physician and surgeon with which he/she consults are not employees, partners, associates, agents, or principals of one another. I also understand that _____ is independently licensed and practicing midwifery, and in that regard is solely responsible for the services he/she provides.
12. Complaints about the quality of care provided by the licensed midwife may be reported to the Medical Board of California by telephone at (800) 633-2322 or via the Board's website at www.mbc.ca.gov.

Additionally, the current laws regulating licensed midwifery practices and the procedure for reporting complaints to the Medical Board of California, as well as the status of individual licensed midwives and physicians may be verified by contacting the Medical Board's Consumer Information Unit by telephone at (916) 263-2382 or via the Board's website.

Signature of client: _____ Date: _____

Signature of midwife: _____ Date: _____

Note: A copy of the signed Disclosure Form shall be placed in the client's medical record.