

MIDWIFE DISCLOSURE FORM
Ala.Code 34-19-14(a)(4)

I, the undersigned, acknowledge by placing my initials beside each item that I have been informed of the following.

_____ Midwife Name: _____

_____ Midwife Address: _____

_____ Midwife Telephone Number: _____

_____ Midwife License Number: _____

_____ Midwife's education, training, and experience in midwifery in relation to both mother and newborn Ala.Code 34-19-16(b)(1):

_____ Midwife's Professional Liability Insurance Coverage Status Ala.Code 34-19-16(b)(6):

Active

Inactive

_____ I understand that certain conditions may arise which would require my referral, transfer of care, and/or transport to a hospital. I have received a list of these antepartum, intrapartum, and postpartum conditions Ala.Code 34-19-16(b)(3).

_____ I have received a copy of the plan for referral, transfer, and/or transport of myself, my newborn, or both, in the case that conditions arise which necessitate this. Ala.Code 34-19-16(b)(2)

_____ I have received a copy of instructions regarding how to file a complaint against my midwife's license Ala.Code 34-19-16(b)(4).

_____ I understand that my records and any transactions with my midwife are confidential pursuant to the federal Health Insurance Portability and Accountability Act (HIPAA) and I have received a HIPAA Privacy Practices Statement. Ala.Code 34-19-16(b)(5)

_____ I have received references to current evidence regarding the safety of midwifery care in out-of-hospital settings, including the American Congress of Obstetricians and Gynecologists' most recent statement on homebirth. Ala.Code 34-19-16(b)(7)

Client Signature: _____ *Date:* _____

Midwife Signature: _____ *Date:* _____