

Mat-Su Midwifery, INC. Client Information Form

Name: _____ Primary phone: (____) _____ - _____

Secondary Phone: (____) _____ - _____ E-mail: _____

Mailing Address: _____ City, State, Zip: _____

Social Security #: _____ Date of Birth: ____/____/____ Age: _____

Religion: _____ Employed by: _____

Race: W B Hispanic Native American Other: _____ Marital Status: S M W D Sep

Last menstrual cycle: _____ Estimated due date: _____

□□□

Emergency Contact: _____ Phone:(____) _____ - _____ Relationship: _____

Nearest relative not living with you: _____ Phone: (____) _____ - _____

Nearest friend not living with you: _____ Phone: (____) _____ - _____

Father of Baby: _____ Primary phone: (____) _____ - _____

Secondary Phone: (____) _____ - _____ Date of Birth: ____/____/____ SSN: _____

Employed by: _____ Who is responsible for this bill?: _____

□□□

I will be paying today by: cash: _____ check: _____ credit card: _____

I have: Insurance: _____ Denali Kid Care: _____ Pending

Ins. Co./Id #

Id#

Please Provide a Copy of Your Insurance Card or A DKC Sticker for the Current Month. Thank You!!

May we report your de-identified statistical data to be used for research? Yes No Initials: _____

May we display photos we have taken of you and/or your family in the clinic and/or on the Mat-Su Midwifery Website? Yes No Initials: _____

Do you anticipate receiving WIC at any point during your pregnancy? Yes No

How did you hear about us? _____

□□□

I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance of my account for any professional services rendered. I have read all the information on this sheet and have completed the answers. I certify that this information is true and correct to the best of my knowledge. I will notify Mat-Su Midwifery, INC. of any changes in my status or the above information.

Signature: _____ Date: ____/____/____

Mat-Su Midwifery and Family Health, Inc.

Notice of Privacy Policies

This notice describes how information about you may be used and disclosed and how you may obtain access to this information. Please review it carefully.

Introduction:

Mat-Su Midwifery and Family Health, Inc. is committed to treating and using protected health information about you responsibly. This notice describes what health information we collect, and how and when it is used or disclosed. It also describes your rights as they relate to your protected health information. This notice is effective April 1, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information:

With each visit to Mat-Su Midwifery and Family Health, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your health or medical record, serves as: a basis for planning your care and treatment, a means of communication among the healthcare professionals who contribute to your care, legal documentation describing the care you received, a means by which you or a third-party payer can verify that services billed were provided, a tool in training healthcare professionals, a source of data for medical research, a source of information for public health officials charged with improving the health of this state and the nation, a source of data for our planning and marketing, and a tool with which we can assess and continually work to improve the care we render and outcomes we achieve. Understanding what is in your record and how your health information is used helps you ensure its accuracy, and who, what, when, where, and why others may access your health information, which helps you make more informed decisions when authorizing disclosure to others.

Your Health Information Rights:

Although your health record is the physical property of Mat-Su Midwifery and Family Health, INC., the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request.
- Inspect and copy your health record as provided for in 45 CFR 164.524.
- Amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communications of your health information by alternative means or at alternate locations.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 1264.522.
- Revoke your authorization to use or disclose health information except to the extent action has already been taken.

Our Responsibilities:

Mat-Su Midwifery and Family Health, INC. is required to:

- Maintain the privacy of your health information.
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternate means or at alternate locations.

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised policies in our front office and notify you by mail. We will not use or disclose your health information without your authorization except as described in this notice. We will discontinue use or disclosure of your health information after we have received a written revocation of authorization.

For More Information or To Report a Problem:

If you have questions or would like additional information, you may contact the practice's privacy officer at (907) 357-0820. If you believe your privacy rights have been violated, you may file a complaint with the practice's privacy officer, or with the Office for Civil Rights, U.S Department of Health and Social Services. There will be no retaliation for filing a complaint with either the privacy officer or the Office of Civil Rights. The address for the OCR is:

Office for Civil Rights
U.S. Dept. of Health and Social Services
200 Independence Ave., SW
Room 509F, HHH Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment, and Health Operations:

We will use your health information for treatment:

For example: Information obtained by a nurse, physician, or other member of your healthcare team may be entered in your record and used to determine the best course of treatment for you. The physician will also document his/her expectations of the other members of your healthcare team, who will then record their actions and observations. In this way, the physician will

know how you are responding to treatment. We will also provide other physicians or subsequent healthcare providers with copies of medical records and various reports that should assist him/her in treating you, once we have set up an appointment with them.

We will use your health information for payment:

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations:

For example: Members of the medical staff, as well as the risk or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so he/she can perform the job we've asked him/her to do and bill you or your third-party payer for services rendered. To protect your health information, we require our business associates to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or other individual responsible for your care of your care at our location and general condition.

Communication with Family: Healthcare professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to preserve the privacy of your health information.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organization or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about alternative treatment or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health and legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

I have read and understand, and agree to the terms of this policy.

Patient Name _____ Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

Application and Agreement for Care at Mat-Su Midwifery, Inc.

Welcome to Mat-Su Midwifery, Inc.! We are a team of state licensed midwives, advanced nurse practitioners and support staff who strive to educate and empower parents in order to maximize the health and enjoyment of the pregnancy, birth, and postpartum experiences. We rely heavily on the cooperative disciplines of chiropractic care, physical therapy, massage, lactation support, herbal and homeopathic expertise, nutrition education and counseling, and OB consult and referral as necessary. We are licensed by the State of Alaska to provide care for low-risk pregnancies and attend out-of-hospital births. We recognize that you are the primary care giver for yourself and your baby, and that your excellent diet, regular exercise, and healthy lifestyle are the most important contributions to maintaining a healthy pregnancy and experiencing a safe birth and quick postpartum recovery.

We will partner with you as you strive to provide your baby with the best possible beginning. In order for us to serve you most efficiently, we ask that you complete the following:

1. Please describe your reason(s) for seeking midwifery care and your goals for this pregnancy and birth:

2. Please describe any previous pregnancy/birth experiences:

3. Because of the extreme importance of excellent nutrition during pregnancy, we require that you attend our nutrition class (at no cost to our clients; we also provide mandatory childbirth classes for clients planning their first out-of-hospital birth), that you participate in a three day diet review, and commit to making any of the recommended dietary changes. We also require the use of approved prenatal vitamins as directed by your midwife.

I agree_____

4. Exercise is key to physical and mental health. We ask that you commit to regular engagement in some form of physical exercise.

I agree_____

5. Smoking, alcohol, and other drugs (prescription and illicit), and caffeine have been shown to contribute to complications of pregnancy, birth, and postpartum recovery. We ask our clients to commit to abstain from these (caffeine in moderation is permitted), and to agree to random urine screening in order to insure that we are serving low-risk clients.

I agree_____

We will respect the personal rights of our clients, including:

1. The right to be treated with respect and dignity and without prejudice.
2. The right to informed consent concerning her care, having access to relevant information upon which to base decisions.
3. The right to freedom from coercion in decision-making.
4. The right to accept or refuse treatment.
5. The right to full disclosure of the costs of her care.
6. The right to know who will participate in her care and to obtain additional consultation of her choice.
7. The right not to be abandoned, neglected, or discharged from care without opportunity to find other care.
8. The right to absolute privacy except where this right is preempted by law.

We recognize the importance of respect for own rights as a care provider, including:

1. The right to refuse care to clients with whom no midwife/ client relationship has been established.
2. The right to discharge clients from her care provided adequate referral to other care is extended.
3. The right to receive honest, relevant information from clients upon which to base care.

Grievance Policy

It is Mat-Su Midwifery, Inc.'s policy to treat all clients with fairness and professionalism and to protect the confidentiality of all client information. Clients who believe they have not been treated fairly or professionally by any employee of Mat-Su Midwifery, Inc. have the right to present their formal grievance for prompt consideration and resolution. If you would like to file a formal grievance please see either the Office Manager or Administrative Director.

Name _____ Date _____



2650 E Broadview Ave
 Wasilla, AK 99654
 Ph: (907)373-3420 Fax: (907)376-7847

MAT-SU MIDWIFERY, INC. FINANCIAL AGREEMENT

Midwifery Services		
Mother	Includes office visits, before and after delivery. Labor and birth assistance/delivery. Home visit 24-36 hour's post-partum.	\$8,500.00
Birth Center Facility Fee	Mom	\$3,600.00
VOB Fee	Insurance verification of benefits. A verification of benefits is not needed for Tricare, Medicaid or self-pay clients.	\$20.00
Baby	Newborn exam, PKU, Home visit (24-36 hr. postpartum) & Well Baby Checks, 4 day, 2 wk, 4 wk, & 6 wk, as needed to 8 wks.	\$1,800.00
		Total: \$13,920.00

FREE: 3 childbirth classes (Required for 1st time moms.)
 Nutrition class
 1 \$20.00 Vitamin/Supplement voucher
 1 60 min massage by Heather Barber

Additional Services		
Labs	All lab work is billed thru Quest Diagnostics. If you have insurance Quest will bill them directly and you will owe Quest for all patient balances. If you are self-pay you will owe Mat-Su Midwifery, Inc. for all patient balances.	
Home Birth	Home Birth Kit, set-up & travel. (Not covered by DKC or Insurance).	\$350.00

Payment Options (Please initial one of the following.)		
Self-Pay	25% discount if the balance is paid at the time services are rendered. Please see the Office Manger to set up a custom financial agreement.	
Insurance	Your global fee will be billed at birth. You will be required to pay your deductible and co-pay at each visit & approximate balance should be paid in full by 36 weeks or before delivery. If you can't pay your balance if full please speak to the Office Manager to arrange a payment plan.	
Denali Kid Care	If your DKC application is pending approval at time of first appointment, services will still be rendered; however, if coverage is denied, you will be responsible for all incurred charges.	

In the event you have a precipitous delivery and the baby arrives before the midwife, the full birth fee will be charged. Our commitment to you will remain if you need to transport to the hospital for delivery. We will accompany you to the hospital and remain until the delivery or plan of care is determined.

I understand the above fees and policies and agree to pay according to the above payment plan including additional fees, if required.

Printed Name

Signature

Date