

Patient Instructions: Please complete and return to your 36-week visit

HIPAA Authorization to Disclose Medical Information of Newborn

Authorization to disclose protected health information to family members or others:

I authorize disclosure of my newborn's protected health information (PHI) for purposes of communicating results, findings, and care decisions to my newborn's family members and others as indicated below. I acknowledge that no information regarding my newborn's healthcare can be communicated without my permission unless I become incapacitated. If I become incapacitated healthcare providers will communicate to individuals assigned in advanced directives previously designated by me. If no advanced directive has been designated, I acknowledge that healthcare providers will communicate to my proxy decision maker, legal guardian or next of kin as listed below.

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother's signature: _____ **Date:** _____

Witness (MMC Staff): _____ **Date:** _____

Consent For Treatment of Newborn

Mother's Name: _____ **DOB:** _____

To Whom It May Concern:

I (We) as parent(s) of our child Baby Boy or Baby Girl _____ (surname),
grant permission for:

Maternity Options of Miami, LLC ("MOM") to provide medical care as deemed necessary
to the above named dependent, effective from (initial date) _____ through (date)
_____.

(Recommendation: Initial date start of 37 wks gestation, Through date 10 weeks following)

Mother's signature: _____ **Date:** _____

Father/Legal Guardian's signature: _____ **Date:** _____

Newborn Care Plan

Parent directions: The top part of this form should be filled out by the parents-to-be and given to **MOM** by the 36-week visit.

Mother's Full Name: _____ DOB: _____

Partner's Full Name: _____

Acknowledgement of Paternity - Required by CO if parents not married at time of birth.

- Completed? YES / Does not apply

Newborn Primary Care Provider

- Please identify a prospective provider even if you intend to do your initial newborn visits with MOM.

- If MOM is out-of-network with your insurance, using an in-network provider can significantly reduce your bill.

Name: _____ Phone: _____ Fax: _____

For Newborn Care Provider Authorization to Disclose Health Information – completed? YES / NO

Newborn's Insurance – Name: _____

Policy Holder: _____ Relation to Newborn: _____

Subscriber # _____ Group # _____

Subscriber DOB: _____ Copay Amount: _____ Deductible: _____ Coinsurance: _____

Copy of card provided to MOM? YES / NO / SAME AS MOTHER

BY SIGNING YOU AGREE: I certify to the accuracy of the above information. I authorize my medical care provider and/or her billing company to release any information necessary in order to process my claims. I authorize my insurance company or third-party payer to release payment of benefits to my provider.

Mother's Signature _____ Date _____

Primary Insured Party (if not mother) _____ Date _____

Informed Consent

Erythromycin Ophthalmic Ointment

This is an antibiotic eye ointment routinely given to newborns in the hospital. It is given to prevent eye infections that could result in blindness. If a mother has Gonorrhea or Chlamydia the baby may get infected at birth. Most women have been tested for these sexually transmitted diseases as part of their routine prenatal care. Women at high risk for these diseases would be wise to have the newborn treated routinely. Some parents who are certain they are not infected refuse routine treatment. Any baby, whether treated or not, needs to be evaluated if any signs of infection develop in the baby's eyes after birth.

Please choose one option below.

_____ I want my baby to receive antibiotic eye ointment within one hour of birth

_____ I refuse routine eye antibiotics and will notify the CNM and the pediatric care provider of any unusual eye discharge that I notice.

Client printed name	Signature	Date
---------------------	-----------	------

Other parent printed name	Signature	Date
---------------------------	-----------	------

Informed Consent

Vitamin K

Newborn babies are born with little vitamin K and breastmilk is low in vitamin K. At birth the baby's intestinal tract has no bacteria to make the vitamin, but throughout the first week of life bacteria levels and vitamin K levels naturally increase. Newborns are routinely given a vitamin K injection in most hospitals to prevent Vitamin K Deficiency Disease, a rare but deadly bleeding condition. This type of internal bleeding in a newborn can lead to internal damage, brain damage and even death if undetected. The injection is given in the first hour of life. This is NOT vaccination. Vitamin K deficiency symptoms occur in approximately 6/100,000 newborns who don't receive any supplementation; some statistics quote as high as 1/100 newborns. Some parents object to their newborn receiving painful routine injections; some dislike the preservatives in the injections, some dislike giving a coal tar derivative.

Oral vitamin K decreases the incidence of bleeding problems but is not as effective as the injection and it is not the standard of care approved by the American Academy of Pediatrics. We are not sure if Vitamin K Deficiency in the newborn can be prevented by a good maternal diet. It seems there is probably a genetic component to this disease as well. Any baby treated with oral Vitamin K or not treated at all should be watched carefully for any bruising of the baby's skin or any unusual discoloration or lesions on the baby's skin. These may occur up to 3 months after birth. If this occurs the baby should be evaluated immediately and the pediatric care provider informed that the baby did not receive a Vitamin K injection. The treatment is a Vitamin K injection given at that time. It may be possible for a newborn to have a case that is not detectable. Maternal or newborn antibiotic use close to birth may make a baby more susceptible to Vitamin K Deficiency since antibiotics can kill the bacteria in the intestines that manufacture the vitamin.

Please be aware that if you are choosing to circumcise your baby boy, pediatric providers will require your baby receive the Vitamin k injection, or they may refuse to perform the procedure.

Choose ONE of the following, then complete the signature portion below:

_____ I want a Vitamin K injection given to my newborn within one hour of birth

_____ I want my baby to receive oral Vitamin K at birth, at one and three days of age and at two and six weeks of age. I have been advised to watch the baby's skin for bruising and/or unusual skin lesions and to report these immediately to the CNM or my pediatric care provider and inform them the baby did not receive a Vitamin K injection after birth.

_____ I do not want Vitamin K given to my baby in any form. I have been advised to watch the baby's skin for bruising and/or unusual skin lesions and to report these immediately to the CNM or my pediatric care provider and inform them the baby did not receive a Vitamin K injection after birth.

Client Printed Name

Signature

Date

Partner/Other Parent Printed Name

Signature

Date