

Welcome to Center for Birth, Seattle's birth center!

This registration packet contains the documents you will need to pre-register for your birth at Center for Birth:

We encourage you to return the signed forms as early as possible. The birth center Informed Consent document *must* be signed and returned prior to your admission at the birth center.

Orientation:

An orientation to the birth center is required. Please plan to attend one of the scheduled tours for an in-person orientation, or call the office.

Admission to the Birth Center:

Center for Birth Midwives, Tina Tsiakalis and Wendy Gordon, are the "birth center resident midwives." Other midwives have privileges here and are independent practitioners, not part of the birth center.

Your midwife/-ives is/are responsible for your clinical care during your pregnancy and birth. Remember that you will be in contact with your midwives per their instructions, not Center for Birth, when it comes time to be admitted to the birth center. There is no birth center "staff" to receive calls or admit you. Your midwife/midwives has/have access to the building and will be providing all clinical care.

Birth Center Amenities:

There are many amenities at the birth center to help make your stay as comfortable as possible. You are welcome and encouraged to bring food for yourself and your support people. The lounge area has a refrigerator and microwave for your use, as well as plates and utensils.

The lounge is generally available for family members, except on occasions when a scheduled class or program is occurring.

Financial Arrangements and Billing:

Center for Birth is an independent birth center organization, unaffiliated with your midwife's practice. To have our insurance specialist look into your potential insurance coverage of the facility fee, please contact billing@centerforbirth.com or call Ingrid with Island Billing at (360) 632-4435.

Follow Center for Birth on Facebook, Twitter and Instagram (@centerforbirth) – we announce special events, tours, and programs on social media.

Best wishes on your birth journey,

Tina Tsiakalis, LM, CPM
Director, Center for Birth

"Few innovations in health service promote lower cost, greater availability, and a high degree of satisfaction with a comparable degree of safety. The results of this study suggest that modern birth centers can identify women who are at low risk for obstetrical complications and care for them in a way that provides these benefits."

~ New England Journal of Medicine, 12/28/89

Midwife Practice Name	Estimated Due Date
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CLIENT Last Name		First Name		Middle	Phone
Date of Birth: / /		Age:	Social Security #: - -		
Address:					
City	State:	Zip	Email:		
Mailing Address (if different):					
City	State:	Zip	Number birth: First Second Third +		
Occupation			Employer		

Partner Information:					
Date of Birth: / /		Occupation		Employer	
Address (if different):					
City	State:	Zip	Email:		
Main Tel: ()			Other Tel (describe): ()		

Please provide your insurance information for billing purposes if applicable. (or attach a copy of insurance card(s))

Primary Insurance	Secondary Insurance (if applicable)
Insurance Co. Name:	Insurance Co. Name:
Insured Name:	Insured Name:
ID#	ID#
Group #	Group #
Insurance Ph (from card):	Insurance Ph (from card):
Insured Employer: Tel:	Insured Employer: Tel:

Acknowledgment and Insurance Payment Authorization: I certify that the information in this form is correct to the best of my knowledge. **I understand that I am responsible for all charges and agree to pay for services.** I hereby authorize the Center For Birth or any of its representatives to be paid directly by my insurance company. I also authorize Center For Birth or any of its representatives to release any information necessary to process my insurance claim.

By signing below I acknowledge that I have received, read, and understand the Facility Fee Information.

Client Signature Date

Printed Name

BIRTH CENTER INFORMED CONSENT

Please read this document carefully, and initial where indicated.

I have chosen to have my baby at Center for Birth, a state-licensed, free-standing, out-of-hospital birth center, under the care of a independent midwives with privileges at the birth center. I understand that there are special responsibilities and risks that are attached to such a decision. Although many potential problems can be foreseen and/or screened for, there are some complications that cannot be predicted either in or out of hospital.

Initial: _____

I understand that by signing this document, I hereby consent to my midwife sharing my complete prenatal care records with CFB prior to and at the conclusion of the course of care with my midwife, including care that occurs following my discharge from the birth center (for the purposes of statistics gathering and quality improvement).

Initial: _____

Center for Birth (the birth center) provides medications to control hemorrhage, shock, and seizure as well as resuscitation equipment. Not available at Center for Birth (the birth center) are the following: epidural anesthesia, pain relieving medications, vacuum extractors, forceps, intubation, and caesarian section. A transport to the hospital would be needed to access these. I give my consent for such transfer.

Initial: _____

I understand that unexpected neonatal emergencies requiring complex resuscitation are rare, but can occur. I understand that my care providers are prepared to provide initial steps of newborn resuscitation (upper airway clearance) and provide bag-and-mask or laryngeal airway mask ventilation, and chest compression, if needed until emergency medical service providers arrive to provide complete resuscitation procedures, if required.

Initial: _____

I understand that the choice for place of birth is contingent upon the progress of this pregnancy, compliance with prenatal care plans, and meeting of my responsibilities as outlined and discussed with my midwife.

Initial: _____

I understand HIV screening is available prenatally and may be obtained from my midwife. I understand I will be offered a rapid HIV screening in labor if I decline prenatal HIV screening.

Initial: _____

I have discussed the above issues with my midwife. I understand the unpredictable nature of birth and the potential risks, benefits, and responsibilities involved in choosing a birth center birth and am willing to accept these. The health care providers who have privileges at Center for Birth (the birth center) accept only "low-risk maternity clients" as defined by WAC 246-324-010 as candidates for birth at Center for Birth (the birth center).

Initial: _____

If it should become necessary to transport during active labor, the appropriate hospital would be notified and my midwife would ensure proper transfer to a qualified physician as well as transfer paperwork. I understand that if I am transferred to the hospital, Center for Birth (the birth center) will still bill for the time I used the facility.

Initial: _____

I understand RhoGAM is recommended to be administered within 72 hours of birth for Rh- mothers giving birth to Rh+ newborns.

Initial: _____

I have reviewed and been offered a copy of the "Summary of Privacy Practices." I have had all my questions answered regarding this policy and understand under what circumstances my information may be shared with outside organizations or individuals.

Initial: _____

I agree to reimburse Center for Birth (the birth center) any and all reasonable and customary fees for any damages or theft incurred on the premises to furniture, upholstery, flooring, equipment, etc. by me or visiting friends/family.

Initial: _____

I understand that children at Center for Birth (the birth center) need to be supervised at all times by an adult who is not attending the birth.

Initial: _____

I have been informed that Center for Birth (the birth center) does not provide food service and that we are responsible for bringing any food and drink items for labor, delivery, and postpartum (and removing it with us when we depart). Disposable dishes, utensils and cups, and a microwave oven and refrigerator are available.

Initial: _____

I/We understand that CFB cannot be held responsible for the clinical care provided by my midwife.

Initial: _____

I/We authorize CFB to dispose of any tissues, including the placenta, unless I have made arrangements to take placenta with me.

Initial: _____

CFB has three birth suites. Should all three rooms be occupied when I require admission, I understand that my midwife will make arrangements for me to be cared for at another facility of my preference: a different licensed birth center in the community (pending availability), a hospital facility, or, if my care provider is able, a home birth.

Initial: _____

I agree to have an appropriate, non-expired, child restraint system for my newborn and will utilize this car seat when transporting my baby in a motor vehicle.

Initial: _____

The vast majority of free standing birth center transfers to hospitals in this country have not been emergent in nature and the clients that are transferred are able to arrive at the hospital in their own vehicles. Such non-emergent problems include but are not limited to:

- Failure to progress in labor
- The mother's desire for pain relieving medication
- The mother's desire to be at the hospital for any reason
- Abnormal postpartum laceration requiring a physician to repair.

Initial: _____

In the case of "time sensitive" problem, transports would be provided by ambulance. Such problems include, but are not limited to:

- Fetal distress, as demonstrated by nonreassuring fetal heart rate
- Abnormal maternal bleeding prior to or following birth

- Maternal shock
- Newborn respiratory distress or abnormal vital signs

Initial: _____

I understand that I will be officially discharged from the care of my midwife and Center for Birth (the birth center), typically after 3-4 hours, unless there is a complication; at which time I/my baby will be transferred to the hospital. I take full responsibility for the care of my baby and myself upon discharge and will not hold Center for Birth, or any midwife/staff member, liable for a problem that may develop after my official discharge. Prior to discharge, I will receive information about how to contact my midwife. In the event of an emergency, I will call 9-1-1.

Initial: _____

I understand that I must arrange for my partner or another adult to stay with me at all times during my stay at Center for Birth (the birth center). I understand that other birthing suites are reserved for other birthing families and are not to be disturbed.

Initial: _____

As a courtesy, Center for Birth (the birth center) will bill your insurance company for you. Center for Birth (the birth center) will bill a facility fee, supplies, and a newborn exam fee. You are responsible for the balance not paid by your insurance company. Facility fees will be billed in the event of a transfer.

Initial: _____

I understand that there is no guarantee providers practicing at Center for Birth (the birth center) and staff have been immunized.

Initial: _____

There is no guarantee of outcomes of birth. Birth is not without risk, whether in a hospital or birth center. You are encouraged to ask any questions that would further clarify this preceding information. This is your consent for the use of Center for Birth (the birth center), willingness to accept the risk and limitations as noted above and acknowledge that you have been oriented to the fees, facility, and services provided.

Client Signature

Date

Printed Name

EXPLANATION OF ELIGIBILITY

While we believe birth is a normal physiological function, there are certain complications that may occur during pregnancy or labor, and certain preexisting conditions that would restrict access to a birth center. Washington State birth center law restricts the use of birth centers to women considered "low risk".

I understand Center for Birth is a standalone birth center. Only low-risk clients may be admitted, and cared for by a credentialed midwife that has been given privileges at Center for Birth.

According to State regulations, a "Low-risk maternal client" means an individual who:

- Is at term gestation [between 37 and 42 weeks], in general good health with uncomplicated prenatal course and participating in ongoing prenatal care, and prospects for a normal uncomplicated birth as defined by reasonable and generally accepted criteria of maternal and fetal health;
- Is in progressive labor (at time of admission); and
- Is appropriate for a setting where methods of anesthesia are limited.
- Has no previous major uterine wall surgery, cesarean section, or obstetrical complications likely to recur;
- Has no significant signs or symptoms of anemia, active herpes genitalia, placenta previa, known non-cephalic presentation during active labor [breech], pregnancy-induced hypertension, persistent polyhydramnios or persistent oligohydramnios, abruptio placenta, chorioamnionitis, known multiple gestation (twins, etc.), intrauterine growth restriction, or substance abuse.

In addition, clients with the following conditions occurring during pregnancy at term are **not** eligible for birth at Center for Birth:

- Deep vein thrombosis
- Documented vasa previa
- Gestation less than 37+0 weeks or greater than 42+0 weeks at admission
- Irregular prenatal course, or no prenatal care until 28 weeks
- Fetal abnormality incompatible with life
- Known clinically significant placental abruption
- Laboratory evidence of sensitization in Rh negative woman with unknown or Rh positive baby
- Lack of planned safe housing at discharge
- Low platelet count <75,000/uL
- Medication-dependent Gestational Diabetes Mellitus (may co-manage on metformin)
- Unstable mental health

If you have questions about your eligibility for a birth center birth, please speak with your provider or the Clinical Director at Center for Birth.

FINANCIAL AGREEMENT

The *facility fee* for the birth center is billed independently of professional services including prenatal, birth, and postpartum care performed by your midwifery team.

Insurance coverage - Center for Birth is an in-network facility with most major insurance plans, including Washington State's Apple Health program.

You are responsible for all deductibles, co-pays, and/or co-insurance as allowed under your health policy.

Private Pay – If you are not eligible for Apple Health or insurance coverage through the Washington Health Benefit exchange, or if your insurance plan does not cover the birth center facility fee, you may private pay for the facility fee. All fees must be paid in full at the time of your birth center registration, by 36 weeks.

You may contact our insurance specialist verify your insurance benefits and provide you with an estimate of charges. To do so, contact *Island Billing* via email at billing@centerforbirth.com or by telephone at (360) 632-4435.

The billing office will need your detailed insurance information, your name, your date of birth, and estimated due date.

CFB accepts cash, checks, or credit cards (an additional 3% fee applies)

Assignment and Release: I hereby authorize my insurance benefits be paid directly to The Birth House, LLC. I am financially liable for any services not covered/allowed/authorized by my insurance/managed care plan. I also authorize The Birth House or insurance company to release any information required to process my insurance claims.

Please initial:

____ I HAVE READ AND UNDERSTAND THIS FINANCIAL CONTRACT AND HAVE HAD FULL OPPORTUNITY TO HAVE ALL OF MY QUESTIONS ANSWERED.

____ I UNDERSTAND THAT INSURANCE COVERAGE IS NOT A GUARANTEE OF PAYMENT AND THAT ULTIMATELY I AM RESPONSIBLE FOR PAYING MY BILL.

Client Signature

Date

Printed Name

SUMMARY OF PRIVACY PRACTICES

This notice summarizes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. For full details please see the Privacy Practices document on the Center for Birth web site.

Organizations Covered by This Notice

This Notice applies to the privacy practices of Center For Birth (CFB), and all other healthcare providers with admitting privileges at CFB.

Summary of Privacy Practices

We respect your privacy. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations at the birth center. State law requires us to get your authorization to disclose this information for payment purposes.

Your Health Information Rights: The health and billing records we create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you.

Our Responsibilities: We are required to keep your protected health information private

To Ask for Help or Complain: If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact us at info@centerforbirth.com.

Birth Announcements

We celebrate all our families! After your baby is born, may we (please check box to indicate your consent):

- Put a card on the announcement board
- Post an announcement online (on centerforbirth.com or associated social media)

Announcements include first names, baby weight, date of birth, and online may include a photo shared by you or your midwife team.

Acknowledgment: My signature confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Insurance Portability and Accountability Act (HIPAA). I acknowledge that I have been notified of the detailed and complete privacy policy on the Center for Birth website, which I may access at any time.

Client Signature

Date

Printed Name

If you have any questions or suggestions regarding our privacy policy, please contact us.

CLIENT BILL OF RIGHTS: SUMMARY

As a client at **Center for Birth**, you may exercise certain rights, as required by Chapter 256-329-085 in the Washington Administrative Code (WAC), Chapter 18.46 of the Revised Code of Washington (RCW).

I _____ (print name) hereby receive notice that the complete client bill of rights is available on www.centerforbirth.com, and I may request a copy at any time. The Client Bill of Rights is summarized below:

I have the right to:

- Be treated with respect, courtesy, privacy and dignity
- Be informed of policies and procedures governing admission and discharge from the birth center
- Be informed of the definition of low-risk, of risks and benefits of a birth center birth, and of emergency and transport procedures
- Be informed of the conditions under which a client would not be admitted to the birth center, or be transferred for care at hospital, and be informed of the process for consultation and transfer of care
- Be informed of newborn resuscitation limitations in an out of hospital setting, and of the skills midwives have in neonatal resuscitation
- Participate in my care, and refuse treatment or services
- Be informed of prenatal genetic screening options and of newborn screening tests available
- Be informed of availability of rapid HIV testing in labor
- Be informed of newborn procedures: prophylactic newborn eye treatment and vitamin K administration
- Be informed that newborn hearing tests are available at most hospitals
- Be provided with a description of the process for submitting and addressing complaints, without retaliation
- Be cared for by properly trained personnel, contractors, students and volunteers and be informed of their qualifications
- Be informed of all diagnostic procedures and reports, recommendations and treatments
- A billing statement on request
- Be informed of the client's right with regards to participation in research or student education programs
- Be informed of the liability insurance coverage of practitioners on request; and
- Be informed of child passenger restraint systems to be used when transporting children in motor vehicles

Client Signature

Date

Printed Name

NEWBORN HEALTH PROVIDER

Center for Birth encourages you to discuss your decision to give birth at Center for Birth with your pediatric care provider. Your attending midwife will perform a newborn exam after the birth of your baby and may provide well newborn care for the first two weeks of life. A pediatric care provider of your choosing will then assume care of your infant. It is recommended that you choose this provider before the birth of your newborn, as the midwife will refer your care to him/her if there are any concerns regarding your newborn's health.

Please read and **initial** each of the following statements:

_____ I understand the information above and agree to discuss my birth plans with my pediatric care provider.

_____ I understand my attending midwife and Center for Birth cannot provide prolonged care for the newborn. Newborns with health concerns such as, but not limited to respiratory problems, prolonged hypoglycemia, or certain birth defects will be transferred to the hospital for further evaluation and observation.

_____ I agree to observe my baby after discharge from Center for Birth and notify our pediatric provider with any concerns.

_____ I will call my insurance company within one week of my baby's birth to add him/her to my insurance policy.

_____ I have been giving the opportunity to read the **newborn screening** information for rare but treatable disorders at www.centerforbirth.com. I understand the screening is recommended within 48 hours of age and again at 7-14 days of age. I understand my newborn may obtain this screening from my midwife or from my pediatrician.

_____ I have been giving the opportunity to read the newborn **hearing screening** information at www.centerforbirth.com. I understand the screening is recommended for newborns before 1 month of age.

Client Signature

Date

Printed Name