

Center For Birth

1500 Eastlake Ave E, Seattle, WA 98102

T: (206) 407-3397 F: (206) 407-3775

www.centerforbirth.com info@centerforbirth.com

Registration Packet

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:

- Registration form: Your contact and insurance information
- Birth Center Informed Consent
- Declaration of Low-Risk Maternal Client
- Financial Agreement
- Client Bill of Rights
- Notice of Privacy Practices
- What to Bring to the Birth Center

We encourage you to return the signed forms by at least 4-6 weeks prior to your due date. The birth center Informed Consent document must be signed and returned prior to your admission at the birth center.

Preparing for your birth center stay:

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 family room area has a refrigerator and microwave for your use, as well as plates and utensils.

Admission to the Birth Center:

Your midwife is responsible for your clinical care during your pregnancy and birth. Remember that you will be in contact with your midwife, 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 has access to the building and will be providing all clinical care.

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 Victoria at (206) 932-0870. Please see the Financial Agreement in this packet for more details.

Best wishes on your birth journey,

Tina Tsiakalis, LM, CPM
Director

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REGISTRATION

Office Use Only

RCVD _____
PP _____
FVM _____

Midwife's Name/Practice: _____ **Est. Due Date:** _____
Midwife Contact: _____

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 Name:			
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.

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:

Acknowledgement 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.

Signature of Client: _____ **Date:** _____

Emergency or Message Contact Information

Name: _____ Relationship to you: _____

Address: _____

Tel: (home) _____ (work) _____ (cell) _____

May we use these numbers as a message phone if we are unable to reach you? **YES NO (please circle one)**

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Birth Center Informed Consent

Midwives with admitting privileges at the Center for Birth (CFB) are expected to adhere to the Midwives' Association of Washington State (MAWS) *Standards for the Practice of Midwifery* (www.washingtonmidwives.org) in identifying "significant deviations from normal" and to consult with or transfer care to a hospital accordingly. Your midwife is also expected to maintain an active license to practice in Washington State, membership in MAWS, carry appropriate professional liability insurance, and adhere to the Center for Birth *Functional Program and Policies Procedures and Protocol* manual signed by her and on-file at CFB.

If, during your stay at CFB, your midwife determines the need for consultation or transport to a hospital, options are dependant on the clinical circumstances.

- I/We have chosen to birth our baby at the Center for Birth attended by a midwife with admitting privileges.
- I/We understand that admission to CFB in labor is contingent upon the normal progress of this pregnancy, my continued status as "low-risk", compliance with routine prenatal care and upholding the client responsibilities as outlined and discussed with me by my midwife.
- I/We understand that pain medication (including narcotics and epidural anesthesia), vacuum extractor, forceps and Cesarean Section and intubation of the newborn *are not available at CFB* and the need for any of the above are indications for transport to hospital.
- I/We understand that there are medications available at CFB for the control of shock, seizure, and post-partum hemorrhage and basic newborn resuscitation equipment is on site. Emergency medications may be used *in addition* to transport to hospital.
- I/We understand that birth is not without risk and that there is no guarantee of the outcome of birth in any setting, *in or out of the hospital*.
- I/We understand the potential risks, benefits, and responsibilities involved in choosing an out-of-hospital birth at CFB and am/are willing to accept these.
- I/We understand that should any medical problems arise during labor or in the immediate postpartum period, I am aware that it may become necessary to transfer my care or my baby's care to a hospital facility. I hereby give my consent for such transfer.
- Center for birth has three birth suites. Should all three rooms be occupied when I require admission, I understand that my care provider 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.
- I have read the Client's bill of Rights, and know that I may request a copy of it for my records if I so choose.
- I/We understand that CFB cannot be held responsible for the clinical care provided by my midwife.

Client's signature _____ Date _____

Partner's signature _____ Date _____

CFB Representative _____ Date _____

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Financial Agreement

Thank you for choosing Center For Birth ("CFB"). CFB is an independent, freestanding birth center dedicated to providing your family with a safe, comfortable surrounding for your birth under the care of the midwife of your choice.

The purpose of this agreement is to clarify payment arrangements for your birth in the CFB facility. The facility fee for birth at CFB is billed independently of your midwifery care. Every attempt is made to keep costs as low as possible without compromising the integrity of service and the ability to provide a birth center as an option for Seattle-area families for years to come.

Billing Process

You may choose to prepay and take advantage of the discount for doing so. Otherwise, your bill is due by 3 weeks following the birth/your discharge from Center for Birth. To have our insurance specialist look into your potential insurance coverage of the facility fee, please contact billing@centerforbirth.com or call Victoria, our billing and insurance specialist at (206) 932-0870.

CFB will bill your insurance provider(s) at your request. In some cases the CFB fee is covered as an "out-of-network" facility. Insurance plans vary widely and often pay significant out-of-network benefits. Victoria will gladly assist you in checking your coverage options.

What	Description	When
Booking Deposit	A small, non-refundable booking deposit for non-Medicaid clients may be due at registration depending on availability. The deposit is non-refundable, but is applicable toward the total facility fee.	Due at registration, typically by about week 36 of your pregnancy
15% discount	Payment in full at or prior to service is eligible for a 15% discount.	If paid at (or prior to) date of service
Balance paid in full	Full payment minus any booking deposit.	Due by 3 weeks after the birth if not paid in advance

Payment Methods and Other Information

- CFB accepts cash, checks made out to "Center For Birth", or Credit Cards (an additional 3% fee applies).
- Accounts can be set up on payment plans if necessary at no additional cost.
- Accounts past due at 3 weeks postpartum may be turned over to our collection agency

CFB is committed to providing you with excellent care, and we are willing to discuss fees and payment plans with you at any time. Please ask if you have any questions about our fees, this Financial Agreement, or your financial responsibility – your clear understanding is important to us.

By signing below, you acknowledge that you have read and understand this Financial Agreement, and you agree to pay the total amount due irrespective of the amount reimbursed by your insurance provider(s).

Signature: _____

Date: _____

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Declaration of Low-Risk Maternal Client

[TO BE COMPLETED AND SUBMITTED TO CFB WITH CLIENT CHART]

Midwife's Name and Practice: _____

Client's Name: _____ Est Due Date: _____

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".

According to the WAC 246-329-010 (18) (a) – (e): "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;
- 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, intrauterine growth restriction, or substance abuse;
- Is in progressive labor (at time of admission); and
- Is appropriate for a setting where methods of anesthesia are limited.

To be completed by client. Please sign and submit this form to your midwife.

I certify that I have read and understand the definition of "low-risk maternal client" as stated above by the Washington State Revised Code of Washington (RCW) Chapter 18.46, in the Washington Administrative Code Chapter 246-329-010 sections (a) through (e) [effective April 2007].

Signature of Client Date: _____

Signature of Midwife Date: _____

To be completed by midwife. Please submit this completed and signed form to Center for Birth. Thank you.

- ☐ I certify all the above to be true by providing my signature prior to my client's delivery.
- ☐ I certify that my client, named above, **qualifies/will qualify** as low risk as defined above upon admission to the birth center, **OR I will not admit** client to Center for Birth.
- ☐ I declare that at the current time I have 24-hour/day access to a physician qualified by training and experience in obstetrics and gynecology with admitting privileges to a nearby hospital is available by phone twenty four hours a day.

Signature of midwife Date: _____

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Client Bill of Rights

As a Client at Center for Birth, I 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 the Center for Birth web site, and I may request a copy at any time. The Client Bill of Rights is summarized below:

I understand Center for Birth is a standalone birth center. Only low-risk clients may be admitted, and cared for according to the Midwives Association of Washington State Practice Guidelines.

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
- 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

Signature of Client

Date

Printed Name of Client

Signature of CFB Representative

Date

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NOTICE 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 may use names, information, and/or photographs of you and or your baby in birth announcement postings at CFB and on online media, and/or for promotional purposes *unless* you opt out:

☐ Please omit us from any announcements

Contact Information

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

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1500 Eastlake Ave E
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info@centerforbirth.com

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 or legally authorized individual signature

DATE

Printed name if signed on behalf of client

Relationship

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Birth at Center for Birth: What to Bring

The birth center provides many amenities for your comfort and convenience during labor and birth. There are plenty of towels, blankets, and pillows, there is a deep tub in each birth suite and exercise balls in three sizes. There is also a sling (may be used in any of the birth suites) and birth stool available for your use.

Your midwife may have specific suggestions for what to bring. In addition, we suggest the following:

Supplies you may want to bring:

- ☞ Nourishment for you, your partner, and any birth attendants. Labor can be hard work, and you deserve something substantial to eat after you have your baby, before you go home. There is a refrigerator/freezer and a microwave, as well as plates, cups, and utensils available for your use.
- ☞ Your own exercise ball from home
- ☞ Beverages: you may like something with a little sugar/electrolytes in it
- ☞ A change of clothes; you may want an extra pair of socks
- ☞ Clothes, diaper, hat, and blanket (for car seat covering) for baby
- ☞ Infant car seat
- ☞ Camera
- ☞ Music: there is a media docking station in the room; you can dock an MP3 player/iPod etc.
- ☞ Anything that will make you more comfortable: robe, loose clothing for laboring in, slippers, swimsuit for partner (tub), etc.

Remember an infant car seat! Your newborn must be in a properly installed infant car seat in order to be discharged from Center for Birth.

We wish you all the best!