



Dear New Patient:

First and foremost we would like to thank you for choosing Obstetrix Maternal Fetal Medicine! Enclosed you will find some paperwork that you will need for your upcoming appointment, as well as information regarding delivery. Our office works in partnership with Deaconess Hospital to provide not only great care for you during your pregnancy, but at the time of delivery as well.

Please take some time to fill out the attached paperwork as this will expedite the check in process.

For your convenience, we have attached a map to the back of this packet to help you locate our office. The parking garage charge is \$3. There are also parking meters available on the Deaconess campus for your use. **Unfortunately we do not validate parking.**

Lastly, please read through the bullet points that are on the bright green paper and make sure to call with any questions that you may have before your appointment. This appointment will be longer than the usual appointment at your regular OB provider. Please plan on being at our office for at least 3 hours. If you are diabetic please bring a snack due to the possible length of your visit.

Please note: We ask that children under the age of 12 do not accompany you to our office for your appointment. They will not be allowed in the ultrasound room.

We look forward to seeing you in the near future,
-Obstetrix Maternal Fetal Medicine



Take great care of the patient.®

OBSTETRIX MATERNAL FETAL MEDICINE

PATIENT INFORMATION (Please Print Clearly and Complete Each Section)

LAST NAME		FIRST		M.I.		GENDER (CIRCLE) FEMALE MALE		TODAYS DATE		
SOCIAL SECURITY NUMBER		BIRTHDATE		AGE	MARITAL STATUS SINGLE MARRIED		REFERRING PHYSICIAN			
MAILING ADDRESS				CITY			STATE		ZIP CODE	
HOME NUMBER		CELL PHONE		E-MAIL ADDRESS (USED FOR PATIENT SATISFACTION SURVEY)						
EMPLOYER			EMPLOYER ADDRESS			WORK PHONE NUMBER				
NAME OF SPOUSE		BIRTHDATE		SOCIAL SECURITY NUMBER			PHONE NUMBER			
ALTERNATE CONTACT / EMERGENCY CONTACT			RELATIONSHIP TO PATIENT			PHONE				

INSURANCE POLICY HOLDER (Subscriber)

PRIMARY INSURANCE		POLICY NUMBER		GROUP NUMBER	
POLICY HOLDER NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER		RELATIONSHIP TO PATIENT
SECONDARY INSURANCE		POLICY NUMBER		GROUP NUMBER	
POLICY HOLDER NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER		RELATIONSHIP TO PATIENT

FINANCIAL RESPONSIBILITY (Guarantor - legally authorized person representing patient)

PERSON RESPONSIBLE FOR BILL, IF NOT PATIENT:		RELATIONSHIP TO PATIENT		SOCIAL SECURITY NUMBER	
MAILING ADDRESS		CITY		STATE ZIP CODE	

"NO SHOW" POLICY & CHILDREN POLICY

Obstetrix Maternal Fetal Medicine has a "No Show" policy for missed appointments. An appointment is considered a "No Show" if you do not attend a scheduled appointment and do not cancel by 5 PM the previous business day. There is no fee for a "No Show" appointment, however after 3 "No Shows" we may discharge you from the clinic at our discretion.

Here at Obstetrix Maternal Fetal Medicine we love children! That is why we're in the business we're in! However, *before* your new baby is born we want to give you, the patient, all of our attention! Prior experience has shown that children get restless in the ultrasound room, or they want mom to hold them, or they get scared when the lights go down. This can be very distracting to our sonographers who want to focus on giving you the most detailed ultrasound they can give. This is why we do not allow children under the age of 12 in the back. We are here to see you through your pregnancy and whenever you come in for an ultrasound we want our total focus and attention to be on you! We hope you can understand the reason for this policy and arrange childcare for any children under the age of 12 for your appointments with us. We can not make exceptions to this policy.

I give authorization to the doctor or insurance company to release information required to process this claim. I hereby authorize that my insurance benefits be paid directly to the physician. I am financially responsible for any balance due. If my account is turned over for collection, I agree to assume financial responsibility for all collection costs. I have received a copy of the billing & payment policies sheet.

Signature

Date



**NOTICE OF PRIVACY PRACTICES
PATIENT ACKNOWLEDGMENT FORM**

Our Notice of Privacy Practices (“Notice”) provides information about: 1) the privacy rights of our patients; and 2) how we may use and disclose protected health information about our patients.

Federal regulations require that we give our patients or their authorized representatives our Notice before signing this acknowledgment.

If you have any questions about your rights or our privacy practices, please send an electronic message (e-mail) to **privacy_officer@pediatrix.com** or a letter to:

Privacy Officer
Pediatrix Medical Group, Inc.
1301 Concord Terrace
Sunrise, FL 33323

By signing this form, you are only acknowledging that you have been provided our Notice.

Signature of Patient or Authorized Representative

Date

Print Name of Patient/Authorized Representative

ULTRASOUND INFORMATION

What is ultrasound Imaging?

Ultrasound imaging, also called ultrasound scanning involves the use of a small transducer (probe) and ultrasound gel to expose the body to high-frequency sound waves. Ultrasound is safe and painless, and produces pictures of the inside of the body using sound waves. Ultrasound examinations do not use radiation like x-rays. Because ultrasound images are captured in real-time, they can show the structure and movement of the woman's internal organs and the fetus. Ultrasound imaging is a noninvasive medical test that helps physicians diagnose and treat medical conditions or complications with the pregnancy.

Obstetrical ultrasounds provide pictures of an embryo or fetus within a woman's uterus, as well as the mother's uterus and ovaries.

What are some common uses of an obstetrical ultrasound?

An obstetrical ultrasound is a useful clinical test to:

- Establish the presence of a living fetus.
- Estimate the age of the pregnancy.
- Diagnose congenital or structural abnormalities of the fetus.
- Evaluate the position of the fetus.
- Evaluate the position of the placenta.
- Determine if there are multiple pregnancies.
- Determine the amount of amniotic fluid around the baby.
- Check for opening or shortening of the cervix.
- Assess fetal growth.
- Assess fetal well-being.

Some physicians also use 3-D ultrasound to image the fetus and determine if it is developing normally.

How should I prepare?

You should wear a loose-fitting, two-piece outfit for the examination. Only the lower abdominal area needs to be exposed during this procedure. The perinatologist may elect to examine an early pregnancy by means of a transvaginal ultrasound in order to see the pregnancy more closely or to assess the cervix and cervix length.

What does the equipment look like?

Ultrasound scanners consist of a console containing a computer and electronics, a video display screen and a transducer that is used to do the scanning. The transducer is a small hand-held device that resembles a microphone, attached to the scanner by a cord. The transducer sends out inaudible high frequency sound waves into the body and then listens for the returning echoes from the tissues in the body. The principles are similar to sonar used by boats and submarines. The ultrasound image is immediately visible on a video display screen that looks like a computer or television monitor.

How does the procedure work?

In medicine, ultrasound is used to detect changes in appearance of organs, tissues, and in pregnancy to see and assess the fetus. When the transducer is pressed against the skin, it directs small pulses of inaudible, high-frequency sound waves into the body. As the sound waves bounce off of internal organs or fluids the sensitive microphone in the transducer records tiny changes in the sound's pitch and direction. These signature waves are instantly measured and displayed by a computer, which in turn creates a real-time picture on the monitor. One or more frames of the moving pictures are typically captured as still images or pictures.

The movement of the embryo or fetus and his or her heartbeat can be seen as an ongoing ultrasound movie. Most ultrasound devices also have an audio component that processes the echoes produced by blood flowing through the fetal heart, blood vessels and umbilical cord. This sound can be made audible to human ears and has been described by patients as a 'whooshing' noise.



How is the procedure performed?

For most ultrasound exams, the patient is positioned lying face-up on an examination table that can be tilted or moved. After you are positioned on the examination table, the sonographer will apply a warm water-based gel to the area of the body being studied. The gel will help the transducer make secure contact with the body and eliminate air pockets between the transducer and the skin that can block the sound waves from passing into your body. The transducer is placed on the body and moved back and forth over the area of interest until the desired images are captured. There is usually no discomfort from pressure as the transducer is pressed against the area being examined. However, if scanning is performed over an area of tenderness, you may feel pressure or minor pain from the transducer.

Once the imaging is complete, the clear ultrasound gel will be wiped off your skin. Sometimes the radiologist determines that a transvaginal scan needs to be performed. This technique often provides improved, more detailed images of the uterus, ovaries and fetus. This method of scanning is especially useful in early pregnancy.

Transvaginal ultrasound is performed very much like a gynecologic exam and involves the insertion of the transducer into the vagina after the patient empties her bladder. The tip of the transducer is smaller than the standard speculum that is used when performing a Pap smear. A protective cover is placed over the transducer, lubricated with a small amount of gel, and then inserted into the vagina. Only two to three inches of the transducer end are inserted into the vagina. The images are obtained from different orientations to get the best views of the uterus, ovaries and fetus. Transvaginal ultrasound is usually performed with the patient lying on her back, possibly with her feet in stirrups similar to a gynecologic exam. With transvaginal scanning, there may be minimal discomfort as the transducer is inserted into the vagina.

What will I experience during and after the procedure?

Ultrasound examinations are painless and easily tolerated by most patients. However, at times during an obstetrical ultrasound, the sonographer may have to press more firmly to get closer to the embryo or fetus to visualize the structure better. Any discomfort is usually minimal and temporary. With transvaginal scanning, there may be minimal discomfort as the transducer is inserted into the vagina.

This ultrasound examination is usually completed within 30-60 minutes. It may take a little longer if there is more than one fetus or if there is a known problem with the pregnancy.

When the examination is complete, the patient may be asked to dress and wait while the ultrasound images are reviewed.

After an ultrasound examination, you should be able to resume your normal activities immediately.

Who interprets the results and how do I get them?

The perinatologist will analyze the images and send a signed report to your primary care physician, or to the physician or other healthcare provider who referred you for the exam, who will share the results with you. In some cases the perinatologist may discuss results with you at the conclusion of your examination.

Follow-up examinations may be necessary, and your doctor will explain the reason why another exam is needed. Sometimes a follow-up exam is done because a suspicious or questionable finding needs clarification with additional views or a special imaging technique. A follow-up examination may be necessary so that any change in a known abnormality can be monitored over time. Follow-up examinations are sometimes the best way to see if treatment is working or if an abnormality is stable over time.

If you have questions concerning the ultrasound, please do not hesitate to discuss these with the perinatologist or your doctor.

You are requested to sign this document before your ultrasound to acknowledge that you have read this information and that you give your consent for this examination.

We do not permit video taping or recording on your cell phone or other device any part of the ultrasound exam.

ALL ELECTRONIC EQUIPMENT MUST BE TURNED OFF DURING YOUR ENTIRE VISIT.

Printed name

Date of Birth

Signature

Date of Signature

Genetic Testing Options

- When you meet with the doctor or genetic counselor, you may be offered different tests. These include ***prenatal screening***, ***prenatal diagnosis***, and/or ***genetic carrier testing***.
- Having these tests performed on you is ***optional***. They are ***not required*** for you to deliver your baby. However, if you are interested in additional information about your pregnancy, you may want to think about having some of these tests done.

PRENATAL SCREENING

- Prenatal screening checks your pregnancy for certain chromosomal disorders, including Down syndrome and other conditions like Trisomy 18, Trisomy 13, and spina bifida.
- The purpose of screening is to put your pregnancy into a ***risk group*** (either ***high risk*** or ***low risk***).
- There are times when someone's results put them in the "wrong group". For example, someone may be classified as high risk for a certain disorder, but the baby does ***NOT*** have the disorder. Or, the pregnancy is classified at being at low risk for a specific condition, when that condition is ***actually present***. The chance of this happening depends on what screening test you choose.
- A negative test result does not guarantee the birth of a healthy baby, and a positive test result does not guarantee the baby has that specific condition.
- ***Screening does not put the pregnancy at risk for miscarriage.*** It is non-invasive. It is a blood test for the patient. Level 2 ultrasound (sonogram) is also a screening tool that does not put the pregnancy at an increased risk for miscarriage.

PRENATAL DIAGNOSIS

- Diagnostic testing is able to diagnose genetic and chromosomal disorders with 99.9% accuracy.
- These tests are invasive, meaning they put the pregnancy at a ***small risk*** for miscarriage, depending on the procedure, gestation, etc.
- These are ***NOT*** blood tests. They usually consist of a CVS (chorionic villus sampling) or amniocentesis.
- Diagnostic testing includes the most accurate tests available prior to delivery.
- The purpose of testing is for ***information only***; not for prenatal cure, therapy, or treatment. However, someone may choose to deliver in a high-risk center, where there are advanced medical staff and equipment in case there is a complication at delivery, or shortly after.
- The American Congress of Obstetricians and Gynecologists (ACOG) recommends all pregnant women be ***offered*** prenatal diagnosis (ACOG Practice Bulletin 88, Dec. 2007).

GENETIC CARRIER TESTING

- These are blood tests that **do not** put the pregnancy at a risk for miscarriage.
- These are diseases where mom and dad can be carriers and **have no symptoms**, even if nobody in the family has these diseases.
- If mom and dad are carriers of the same genetic disease, they have a 25% risk of having a child with that disease.
- Specific diseases offered for testing for will vary depending on your interest, family history, and ethnic background (Caucasian, African American, Hispanic, Asian, etc.).
- Most of these tests are covered by insurance.

I, (print name) have read the information above regarding prenatal screening, prenatal testing, and genetic carrier testing. If I have questions, I will discuss them with the genetic counselor or doctor. THIS IS NOT A CONSENT FORM. SIGNING IT DOES NOT COMMIT YOU TO ACCEPT OR DECLINE ANY TESTS.

Signature: _____ Date: _____

PATIENT 'S INFORMATION

Name (Last): _____ (First): _____

Date of Birth / Age: _____ Occupation: _____

Race / Ethnicity: _____

FATHER OF THE BABY'S INFORMATION

Name (Last): _____ (First): _____

Date of Birth / Age: _____ Occupation: _____

Race / Ethnicity: _____

Are you and the father of the baby related by blood (i.e. – cousins)? YES NO

Is the father of this baby your partner? YES NO

PHARMACY INFORMATION

Pharmacy Name/Location: _____ City/State/Zip: _____

Please list any medications you take on a regular basis: _____

If pregnant, please list any other **MEDICATIONS, DOSAGE**, and your **GESTATIONAL AGE** when you were taking the medication during your pregnancy (other than prenatal vitamins), if known:

Since becoming pregnant, have you had any:

If "YES", please explain:

Recreational Drugs	YES	NO	_____
Cigarettes	YES	NO	_____
Alcohol	YES	NO	_____
Fevers (< 6w gestation, >100° F)	YES	NO	_____
X-rays (NOT DENTAL)	YES	NO	_____

CONTACT INFORMATION / PHONE NUMBERS

Patient Home/Cell: _____ Work: _____

Who else can we leave test results with?: _____ Phone: _____

May we leave **CONFIDENTIAL MESSAGES** on the voicemail of the numbers listed above? YES NO

I HAVE ANSWERED THE ABOVE QUESTIONS TO THE BEST OF MY KNOWLEDGE:

PATIENT SIGNATURE: _____ **DATE:** _____



CONSENT FOR E-PRESCRIBING & MEDICATION HISTORY

I understand that as a part of my electronic health record, Obstetrix Medical Group of Washington PC will transmit my prescriptions electronically as permitted, to the pharmacy that I delegate as my primary pharmacy provider. Additionally, Obstetrix Medical Group of Washington PC will obtain the history of all of my past prescriptions dating back two years from pharmacy benefit managers and I understand that those prescriptions will become a part of my electronic health record.

E-Prescribing greatly reduces medication errors and enhances patient safety.

Features of our ePrescribe program include:

- Formulary and benefit transactions- Provides us with information about which drugs are covered by the drug benefit plan.
- Medication history transactions- Provides us with information about medications you are already taking.
- Fill status notification- Sends us an electronic notice that your prescription has been picked up.

By signing this consent form you are agreeing that we can ePrescribe for you and request your prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes.

☐ I hereby provide informed consent to enroll me in the ePrescribe program.

☐ I decline this option. I do not give permission for access to the above information.

Pharmacy Information

Pharmacy Name: _____

Address: _____

Phone: _____

Fax: _____

Signature of Patient or Legal Representative

Date

AUTHORIZATION TO DISPLAY PHOTOGRAPHS IN THE PRACTICE

Patient Name: _____ **Date of Birth:** _____

I hereby expressly authorize OBSTETRIX MATERNAL FETAL MEDICINE (the "Practice") located at 910 W. 5th Ave, STE: 380 Spokane, WA 99204 to display, for non-treatment purposes, photographs that from time to time I may send to the practice of myself and/or my child(ren).

1. I understand that the photographs may be displayed in a public area of the Practice such as in a waiting or exam room and/or hallway.
2. I understand that medical treatment is not impacted, regardless of whether or not I sign this form.
3. I understand that I may revoke this authorization at any time by notifying the Practice in writing. If I revoke this authorization, I understand that it will not apply to any actions taken by the Practice before it received the revocation.
4. I understand that this authorization will never expire.
5. I understand that the Practice may only use the photographs in accordance with this specific authorization.
6. I understand that the Practice does not remit or receive direct or indirect payment for posting photographs.
7. Upon request, I am entitled to receive a copy of this form after I have signed it.

I have read the above and authorize the use of the photographs as stated above.

Signature of Patient/Patient Representative

Date

Print Name of Patient's Representative

Relationship to Patient

B. Right to Request Additional Restrictions. You have the right to request a restriction on the uses and disclosures of your PHI (1) for treatment, payment and health care operations purposes; and (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved in your care or with payment related to your care. For example, you have the right to request that we not disclose your PHI to a health plan for payment or health care operations purposes, if that PHI pertains solely to a health care item or service for which we have been involved and which has been paid out of pocket in full. Unless otherwise required by law, we are required to comply with your request for this type of restriction. For all other requests for restrictions on use and disclosures of your PHI, we are not required to agree to your request. If you wish to request additional restrictions, please obtain a request form from your physician. We will send you a written response.

C. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

D. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you would like to access your records, please obtain a record request form from your physician's office. If you request copies, we will charge you a cost-based fee, consistent with State law, that includes (1) labor for copying the PHI; (2) supplies for creating the paper copy or electronic media if you request an electronic copy on portable media; (3) our postage costs, if you request that we mail the copies to you; and (4) if you agree in advance, the cost of preparing an explanation or summary of the PHI.

E. Right to Amend Your Records. You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from your physician. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

F. Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve (12) month period, we may charge you for the cost of the additional accounting statement(s). We will inform you in advance of any fee and provide you with an opportunity to withdraw or modify the request.

G. Right to Receive A Copy of this Notice. Upon request, you may obtain a copy of this Notice, either by email or in paper format. Please submit your request to:

Privacy Officer
Pediatric Medical Group, Inc.
1301 Concord Terrace
Sunrise, FL 33323

Phone: (954) 384-0175
Email: privacy_officer@pediatric.com

VI. EFFECTIVE DATE AND DURATION OF THIS NOTICE

A. Effective Date. This Notice is effective on September 23, 2013.

B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas around our offices and on our Internet site at www.pediatric.com/noticeofprivacypractices. You also may obtain any new notice by contacting the Privacy Officer.

VII. PRIVACY OFFICER

You may contact the Privacy Officer at:

Privacy Officer
Pediatric Medical Group, Inc.
1301 Concord Terrace
Sunrise, FL 33323

Phone: (954) 384-0175
Email: privacy_officer@pediatric.com

Notice of Privacy Practices



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. WHO WE ARE

This Notice of Privacy Practices (“**Notice**”) describes the privacy practices of Pediatric Medical Group, Obstetric Medical Group, Pediatric Cardiology and their affiliated entities, their physicians, nurses and other personnel (“**we**” or “**us**”). It applies to services furnished to you at all of the offices where we provide services.

II. OUR PRIVACY OBLIGATIONS

We are required by law to maintain the privacy of your health information (“**Protected Health Information**” or “**PHI**”) and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI. We are also obligated to notify you following a breach of unsecured PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

In certain situations, which we describe in Section IV, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and/or disclosures:

A. Uses and Disclosures For Treatment, Payment and Health Care Operations. We may use and disclose PHI, but not your “Highly Confidential Information” (defined in Section IV.B), in order to treat you, obtain payment for services provided to you and conduct our “health care operations” as detailed:

- Treatment. We may use and disclose your PHI to provide treatment, for example, to diagnose and treat your injury or illness. We may also disclose PHI to other health care providers involved in your treatment.

- Payment. In most cases, we may use and disclose your PHI to obtain payment for services that we provide to you, for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care (“**Your Payor**”) to verify that Your Payor will pay for health care.
- Health Care Operations. We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other health care workers. We may disclose PHI internally in order to resolve any complaints you may have and ensure that you have a comfortable visit with us.

We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.

B. Use or Disclosure for Facility Directories. If we maintain a facility, we may include your name, location in the facility, general health condition and religious affiliation in a patient directory without obtaining your authorization unless you object to inclusion in the directory. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy; provided, however, that religious affiliation will only be disclosed to members of the clergy.

C. Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your PHI to a family member, other relative, a close personal friend, or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person’s involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

D. Public Health Activities. We may use or disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury

or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

E. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

F. Health Oversight Activities. We may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

G. Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

H. Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

I. Decedents. We may disclose your PHI to a coroner or medical examiner as authorized by law.

J. Organ and Tissue Procurement. We may use or disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

K. Research. We may use or disclose your PHI without your consent or authorization if an Institutional Review Board or Privacy Board approves a waiver of authorization for disclosure.

L. Health or Safety. We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person’s or the public’s health or safety.

M. Specialized Government Functions. We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

N. Workers’ Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers’ compensation or other similar programs.

O. As Required By Law. We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

IV. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

A. Use or Disclosure with Your Authorization. We must obtain your written authorization for most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes and disclosures that constitute the sale of PHI. Additionally, other uses and disclosures of PHI not described in this Notice will be made only when you give us your written permission on an authorization form (“**Your Authorization**”). For instance, you will need to complete and sign an authorization form before we can send your PHI to your life insurance company or to the attorney representing the other party in a lawsuit in which you are involved.

B. Uses and Disclosures of Your Highly Confidential Information. Federal and state law requires special privacy protections for certain highly confidential information about you (“**Highly Confidential Information**”). This Highly Confidential Information may include the subset of your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention, treatment and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about sexually-transmitted disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (8) is about domestic abuse of an adult with a disability; or (9) is about sexual assault. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by law, we must have Your Authorization.

C. Revocation of Your Authorization. You may withdraw (revoke) Your Authorization, or any written authorization regarding your Highly Confidential Information (except to the extent that we have taken action in reliance upon it) by delivering a written statement to your physician. A form of Written Revocation is available upon request from the Privacy Officer.

V. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

A. For Further Information; Complaints. If you would like more information about your privacy rights, if you are concerned that we have violated your privacy rights, or if you disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer. Also, you may make a complaint by calling our Privacy Officer at (954) 384-0175. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, our Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

Obstetrix Maternal Fetal Medicine

Located at Deaconess Hospital

910 W 5th Ave, Suite 380 (3rd Floor) | (509) 570-5470

Deaconess Health & Education Center (DHEC)

- 910 W Fifth Ave, Suite 380 | Spokane WA 99204
- Located on Fifth Avenue between Lincoln and Monroe
- Across the street from Shriner's Hospital
- Park in the Health & Education Center parking garage
(There will be a parking fee; no more than \$3.00 cash)

When you enter through the front doors of the Deaconess Health & Education Center building you will be on the 2nd floor. Locate the elevators and take them to the 3rd floor. We are in Suite 380, across from Rockwood OBGYN.

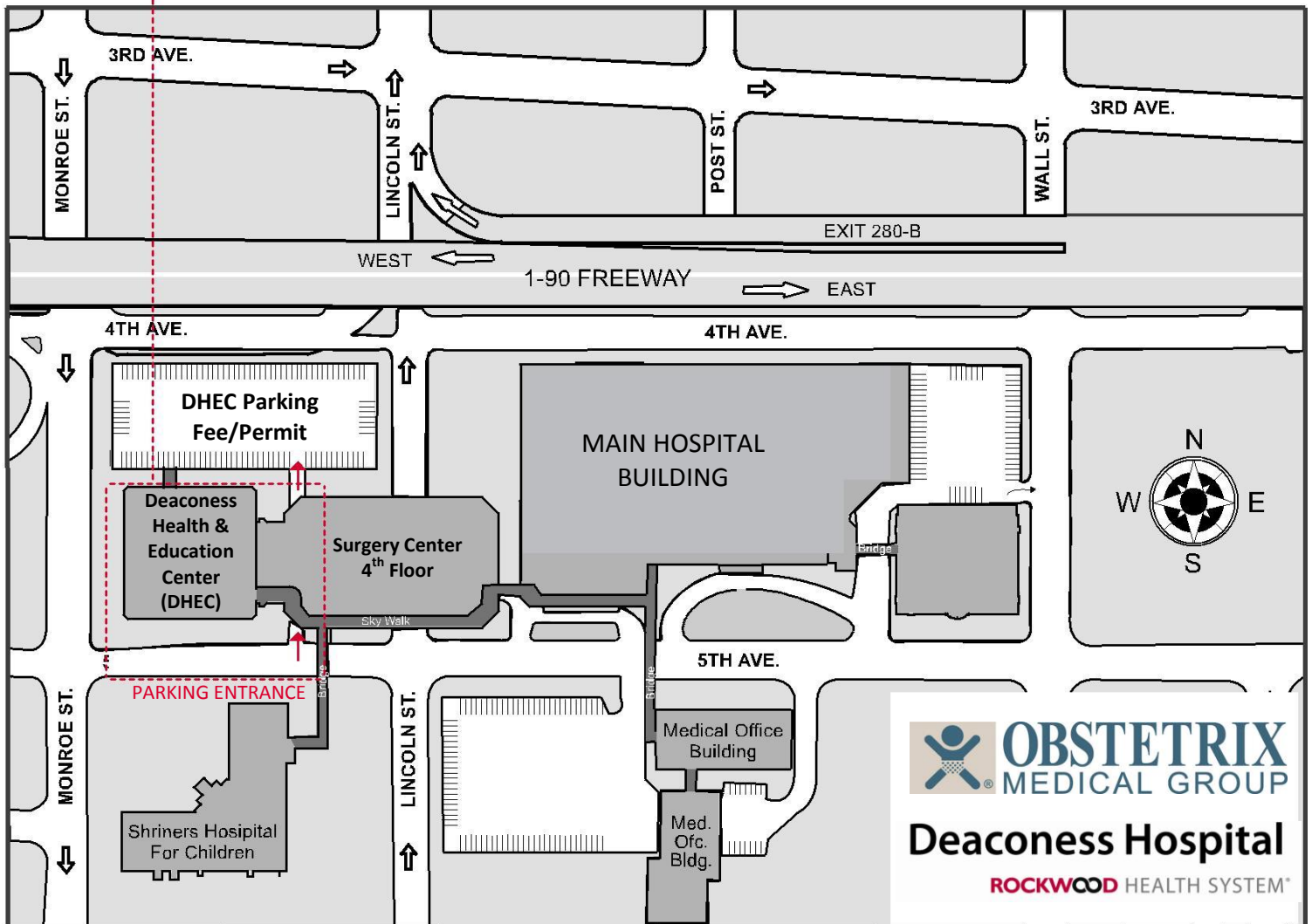
Freeway Directions

Westbound I-90:

Take exit 280-B (Lincoln St.)
Turn right on 3rd Ave. Turn right on Wall St.
Turn right on 5th Ave.
Head west on 5th to Deaconess

Eastbound I-90:

Take exit 280 (Maple/Lincoln)
Turn right on Monroe St.
Turn left on 5th Ave.
Head east on 5th to Deaconess



Prevention of Preterm Birth*

What is preterm birth?

Preterm birth is a baby that is born before 37 weeks of pregnancy. These babies are more likely to have health complications immediately after birth and throughout childhood. The risks of long-term health problems are lowest in babies born after 39 weeks of pregnancy.

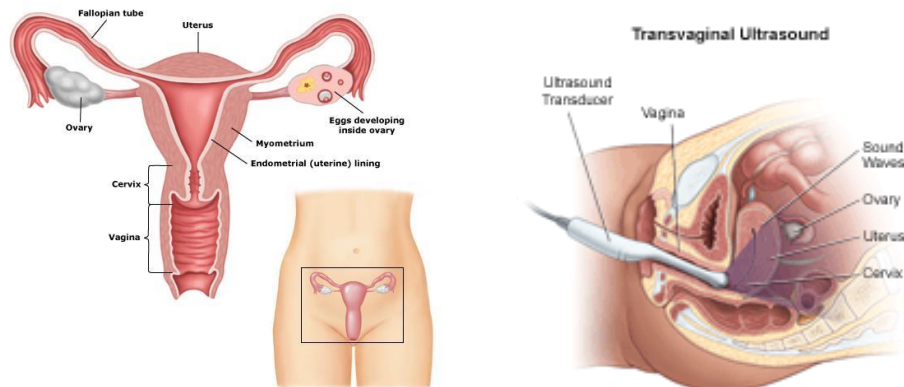
What are the risk factors for preterm birth?

- 1). The strongest risk factor for preterm birth is a previous pregnancy with the baby born preterm.
- 2). Short cervix length is associated with preterm birth. The shorter the cervical length, the greater the risk for a preterm delivery.
- 3). Risk factors during the pregnancy are vaginal bleeding, urinary tract infection or infection of the uterus.
- 4). Poor weight gain in the pregnancy, smoking, drug abuse, poor dental health and closely spaced pregnancy may also contribute to preterm birth.

How is a short cervix diagnosed?

Transvaginal ultrasound is a safe, reliable way to measure the length of the cervix. Until recently, routine transvaginal examination of the cervix for women with low risk for preterm birth was not recommended. Recent research has now shown that routine screening for short cervix combined with the use of Progesterone has decreased spontaneous preterm birth at less than 33 weeks gestation.

Transvaginal ultrasound can provide better views of the fetus and woman's cervix than going through the abdomen. Transvaginal ultrasound is not affected by the mother's weight or position of the uterus or fetus.



Considering that many women will be screened to identify those at risk for preterm birth, recent analyses concluded that routine screening for short cervical length from 19-24 weeks gestational age could be beneficial to prevent pre term labor.

How is a transvaginal ultrasound performed?

Transvaginal ultrasound is performed very much like a gynecologic exam and involves the insertion of the transducer into the vagina after the patient empties her bladder. The tip of the transducer is smaller than the standard speculum that is used when performing a Pap smear. A protective cover is placed over the transducer, lubricated with a small amount of gel, and then inserted into the vagina. Only two to three inches of the transducer end are inserted into the vagina. The images are obtained from different orientations to get the best views of the uterus, ovaries and fetus. Transvaginal ultrasound is usually performed with the patient lying on her back, possibly with her feet in stirrups similar to a gynecologic exam. With transvaginal scanning, there may be minimal discomfort as the transducer is inserted into the vagina.