Patient Acknowledgement of Child Safety Policy

[Redacted] seeks to provide a safe environment for both you and your child(ren) and has taken precautionary measures in an [Redacted] to promote a safe environment. However, [Redacted] does NOT provide childcare or supervision of any kind for children who come to the Clinic. Therefore, please be aware that YOU are responsible for your child's (and any children accompanying you) safety while at the clinic. [Redacted] suggests that you either arrange childcare, or bring a childcare provider that you trust with you to watch your child(ren) while you are here.

I, [Redacted], have read [Redacted] Child Safety Policy as written above, and understand that while I am on [Redacted] property I am fully responsible for the health and safety of any child or children accompanying me. I further understand that [Redacted] does not provide child care or child supervision of any kind.

Signed: [Redacted]  Date

Representative Signature  Date

Note: This document needs only to be signed once, but should be reviewed and initialed semi-annually until case file is closed.

Patient Review

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8/7/2013

Forms Manual-Office Originals-Intake Packet #5
ABOUT ECTOPIC (TUBAL) PREGNANCY

An ectopic pregnancy is one that is growing in the wrong place in your body. While normally the baby grows inside the uterus or womb, an ectopic pregnancy can be in the fallopian tube (where the egg and sperm meet), ovary, cervix, or the abdominal cavity (belly). Since ectopic pregnancies in the fallopian tube are much more common than in other locations, this sheet focuses on tubal pregnancy.

Symptoms:
With a tubal pregnancy you do not necessarily experience bleeding from the vagina (birth canal). But you MAY have a tubal pregnancy if you are pregnant AND have one or more of the following:
Severe pain centered on one side of the abdomen or pelvis
- Lightheadedness, dizziness, or blackouts
- Abnormally low blood pressure
- As in the case of miscarriage, the passage of tissue (not just blood clots) from your vagina
- Bleeding may or may not be present

Causes:
In most cases the cause of tubal pregnancy is not known and there is nothing you could have done to prevent it. However a woman is more likely to have a tubal pregnancy if she:
- Has had a previous ectopic pregnancy
- Has had an infection of the fallopian tubes or certain sexually transmitted diseases (STDs) such as gonorrhea or chlamydia
- Has had pelvic infection from an intrauterine device (IUD)
- Gets pregnant while an IUD is inside her uterus

You may be surprised to learn that these factors probably DO NOT cause a tubal pregnancy:
- Emotional stress
- Birth control pills taken accidently in early pregnancy
- Work environments and duties
Medical Tests:
The doctor may perform several tests to help confirm an ectopic pregnancy, since many of the symptoms can be confusing. You may have blood tests to determine red and white cell counts, and another pregnancy test. You may also have a pelvic exam. Tubal pregnancy may be proven by a sonogram showing a baby outside the womb, or showing no baby in the womb despite a large amount of pregnancy hormones in your blood. Direct observation of the fallopian tube during surgery may be necessary to make the diagnosis.

If you suspect you may have a tubal pregnancy:
You should get medical treatment immediately from an obstetrician (a doctor specializing in female problems and pregnancy). If you do not already have that type of doctor, go to the emergency room of a nearby hospital. Tubal pregnancy is a medical emergency. Failure to get help may allow rapid bleeding into your abdomen from a ruptured internal organ, which could lead to death from shock (dangerously low blood pressure).

Treatment:
Typically tubal pregnancy is either proven or ruled out by the tests mentioned above. An unborn baby cannot survive outside the womb, and cannot be put into it. To protect the woman’s life, the baby, and perhaps the tube must be removed. With some early tubal pregnancies medicine can be given to reabsorb the baby without resorting to surgery.

Feelings:
Sometimes it is helpful to talk or pray with someone. If we can help in any way, please feel free to contact us at [redacted].

Signature: [redacted] Date: [redacted]
Witness: [redacted] Date: [redacted]

Place a signed copy of this document on patient’s chart.

Forms Manual-Office Originals-Medical Doc #10
5/23/2017
MEDICAL SERVICES CONSENT & RELEASE FORM

I request an appointment for a limited ultrasound examination at [redacted] for the purposes of confirming my pregnancy. I understand that the appointment will be limited to pregnancy confirmation and that a referral will be made to another medical provider for follow-up medical care.

I understand that a limited ultrasound examination is only for purposes of confirming my pregnancy, detecting fetal cardiac activity and determining estimated gestational age. I understand that it is not for the purposes of diagnosing or detecting any medical problem or condition for my baby or myself. I will not hold [redacted] responsible for diagnosing or failing to diagnose any abnormalities or conditions relating to my pregnancy or my baby and hereby release [redacted] from any and all liability in this regard.

I understand that ultrasound utilizes high frequency sound waves, and there are no known harmful effects in the thirty years of clinical use. I further understand that the possibility always exists that effects may be identified in the future.

I understand that no follow-up care will be provided at [redacted] and its physicians and staff are not responsible for my follow-up prenatal care, and are not responsible for emergency care that I may need. I have been informed that physicians and other staff who provide services at [redacted] do so on a voluntary basis without compensation. I understand that a referral list with the names of local doctors and prenatal health care providers is available for my use. I acknowledge that I have the duty and responsibility to use the referral list or some other source to secure my prenatal care.

I am not presently experiencing any immediate medical problem (e.g., pain, spotting, cramping), and I understand that this exam is not a substitute for immediate medical care. Should any medical problems arise before my scheduled appointment(s) at the [redacted], I acknowledge that it is my responsibility to seek emergency care.

I hereby give full consent to these medical services and I waive and release any and all claims whatsoever kind and nature that I, my baby, my legal representatives or heirs and relatives might have or hereafter have against [redacted], its physicians, medical personnel, directors, officers, employees and volunteers.

I expressly agree that this waiver, release and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of this state, and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

In order to effectively provide for my medical care, I understand that the volunteer staff and client advocates of [redacted] will have access to my confidential records at [redacted]. My records will not be released to any agency or individual without my permission except as required by law.

I have read and understand and agree with this statement.

[Redacted]
Date [Redacted]
Patient Signature

Witness

Print Name

9/20/2010