

The Maternal-Fetal Medicine Division of CSSD
SAN DIEGO PERINATAL CENTER
(858)-939-6860

YOUR RIGHTS & RESPONSIBILITIES

You have choices, rights and responsibilities.

YOU HAVE THE RIGHT TO . . .

1. Be treated with dignity and respect.
2. Maintain your privacy and confidentiality.
3. Receive explanations about any tests or clinic procedures and any questions you may have.
4. Receive education and counseling.
5. Review your medical record with a physician or other health care professional on our staff.
6. Consent to or refuse any care or treatment.
7. Participate in making plans or decisions about your care during pregnancy, labor and delivery.

YOU ALSO HAVE THE RESPONSIBILITY TO:

1. Be honest about your medical history and lifestyle; such information may affect you or your unborn baby's health.
2. Be sure you understand what you hear.
3. Follow health advice and instructions.
4. Respect the policies of our practice.
5. Report any changes in your health.
6. Keep appointments or cancel them at least 24 hours in advance.

In order to provide the most comprehensive service possible, we need your permission to obtain information, if necessary, from clinic, physician, and/or hospital records; we also need your permission to obtain follow-up information about your baby.

It is our goal to help you in every appropriate way possible during your pregnancy. Please speak up and let us know how we can best serve you by bringing your concerns to our attention.

- I have read this form and agree to these principles.
- I give permission for my health care providers, including hospitals, physicians, and clinics to provide information about my pregnancy, my delivery, and my baby to the physicians and staff of San Diego Perinatal Center.

_____/_____/_____
Signature Date

This form is adapted in part from the San Francisco Department of Health, CPSP "Health Education Program Standards and Guidelines, 1988".