

Dove Charity Home Birth Services

Valerie Monterrey CPM

Alternate Treatment Authorization

I _____ Have been informed that it is my right to choose or refuse treatments or remedies recommended for me or my baby . I have been informed and understand that the midwives of Dove Charity Home Birth Services are trained in the use of herbs, homeopathic, alternate treatments, and emergency allopathic treatment, but not certified in their use.

I understand that, throughout my care and labor and delivery, the midwives of Dove Charity Home Birth Services may consult with another midwife or medical professional even my doctor before deciding on a treatment plan, I understand that my midwife will use these treatments only when consulting with me first. These treatments are only for unusual circumstances that may arise. I have been informed of the typical type of circumstances that are dealt with at home and the ones that are referred to a health care professional or are transferred to the hospital.

I understand that if I refuse the suggestion of my midwife or doctor I may be choosing to be transferred to a hospital immediately, should I or my baby be in any danger. Refusal to transport to the hospital with my Midwife may mean that in the case of emergency the midwives of Dove Charity will call 911 or EMS. I realize I also have the right to refuse transport by EMS.

If I choose to refuse transport or recommended treatment I will sign a waiver form.

I hereby authorization Dove Charity and associated care providers to use the alternate treatments they are trained in after consulting with me and explaining all the options available.

I have been informed and have received written materials regarding some of the Herbs and treatments used by my care giver.

I have read and also received a copy of this form.

Client

Date

Witness

Date