*Name of Agency*

Maternal Health Services

Consent Form

|  |  |
| --- | --- |
| Client Name: | Date of Birth:  |
| Address:  | Phone:  |
| Title XIX # : |

|  |  |  |  |
| --- | --- | --- | --- |
| I,  |  | give  |  |
|  Print name of clientPrint name of agency |
| consent to provide me and my baby with Maternal Health Services by a Registered Nurse, Social Worker, or Registered Dental Hygienist or other agency staff. |

Maternal Health Services may include the following:

Prenatal Risk Assessment

Education/Anticipatory Guidance

Assistance Getting Doctor or Dentist

Assistance Getting Insurance

Assistance Linking to Community Resources

Assistance Getting Transportation

Nutrition Education

Home Visits for Nursing or Social Work Services

Postpartum Home Visit (will include assessment of both mother and baby)

Psychosocial Assessment

Dental Screening and Fluoride Application

* I received a Notice of Privacy Practices
* I understand that this consent for services is valid for one year unless withdrawn in writing by parent, guardian, or client (if of legal age).
* I understand that the oral health services that will be received do not take the place of regular dental checkups at a dental office.
* I understand that these services are provided under the Iowa Department of Public Health, Maternal and Child Health Program.
* I understand that records created and maintained as part of this program are the property of the Iowa Department of Public Health.
* I understand that the information from these records may be shared with the Iowa Department of Public Health and its agents and Title V contractors, Iowa Medicaid Enterprise, or designee for audit, preventive health services, quality improvement, and other legally authorized purposes.

I consent to the agency’s use of email and texting to send me scheduling and maternal health services information.

[ ]  Yes [ ]  No Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Printed Name of Parent, Guardian or Client** (if of legal age) **Date**

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**Signature of Parent, Guardian, or Client** (if of legal age)  **Date**