



Stacy's Gift



Perinatal Care Partner

Encouraging patient & family-centered care for new and expectant families.

As a pregnant or postpartum person, it is important that I have support in my healthcare. I believe that having a Perinatal Care Partner will benefit me in the following potential situations:

- I am having difficulty asking for the help that I need.
- I am having difficulty remembering all of the details of my healthcare recommendations, and would like another person to be aware of my provider's treatment plan.
- I may need someone to help me make healthcare decisions.
- Someone in my life has expressed a concern that I might harm myself.

I designate the following person as my Perinatal Care Partner:

Name

Relationship (friend, family member, etc)

Preferred contact information (phone, email address, mailing address):

It is OK to leave a message with this person:

- Yes
- No

Information that I would not want shared with this person:

I authorize my provider to speak with my Perinatal Care Partner, if he/she contacts my provider with questions or concerns.

- Yes
- No

- I understand that I may change my decision at any time.
- I understand that this document does not authorize release of medical records to my Perinatal Care Partner.
- I would like my Perinatal Care Partner indicated clearly in my medical record, so that all staff is aware that I have approved collaboration with this person.

I understand, and agree, to the terms of this document. I will sign below, in the presence of my provider, or another staff member.

Patient Signature (sign at time of visit)

Date

Printed Name

Provider/Staff Signature (sign at time of visit)

Date

