



**HEALTH LICENSING OFFICE**  
**Board of Direct Entry Midwifery**

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**TRADITIONAL MIDWIFE INFORMATION DISCLOSURE**

Pursuant to Oregon Revised Statute (ORS) 687.415 an individual who is acting as a traditional midwife by practicing direct entry midwifery in this state without a license to practice direct entry midwifery, must provide both verbally and in writing the information contained in this disclosure statement to each client as outlined in Oregon Administrative Rule (OAR) 332-025-0125.

**1. Client Name**

LAST	FIRST	MI
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**2. Traditional Midwife Information**

I am registered with the OHA Center for Health Statistics to file birth records?  
 Yes  No

TRADITIONAL MIDWIFE'S NAME: LAST	FIRST	MI
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MAILING ADDRESS

CITY	STATE	ZIP
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PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL	EMAIL
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**3. Disclosures**

**As a person practicing as a traditional midwife in this state, I hereby disclose to the client named on this form the following:**

- I do not possess a professional license to practice direct entry midwifery issued by the State of Oregon;
- My education and qualification have not been reviewed by the state;
- The risk of harm or death to you or your newborn may increase as a result of not possessing a professional license issued by the state, and by not having my education and qualifications reviewed by the state;
- I am not authorized to carry and administer potentially life-saving medications;
- As my client you will not have recourse through a complaint process with the Oregon Board of Direct Entry Midwifery;
- The types of midwives who are licensed by the State of Oregon are as follows:
  - LDM – Licensed Direct Entry Midwife
  - CNM – Certified Nurse-Midwife

In accordance with ORS 687.415 and OAR 332-025-0125(3)(e), I have determined the following plan for transporting the above named client to the nearest hospital, as defined in ORS 442.015, if a problem arises during labor or childbirth (***attach additional pages if necessary***):

**By signing below**, I am acknowledging that I have been provided the disclosure of information, both verbally and in writing, that is required of the midwife listed above pursuant to ORS 687.415 and OAR 332-025-0125.

**➡ Client Signature:**

**Date:**

***A copy of this disclosure must be provided to the client. The traditional midwife providing the services must retain a copy of the signed form in the patient record and make it available to the HLO upon request.***

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