



HEALTH LICENSING OFFICE

Board of Direct Entry Midwifery

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www.healthoregon.org/hlo | Email: hlo.info@state.or.us

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 Oregon 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

CLIENT NAME: LAST FIRST MIDDLE INTIAL

2. Traditional Midwife Information

Are you registered with the Oregon Health Authority, Center for Health Statistics to file birth records: Yes No

TRADITIONAL MIDWIFE'S NAME: LAST FIRST MIDDLE INTIAL

MAILING ADDRESS

CITY STATE ZIP

PHONE: BUSINESS TELEPHONE EMAIL

2. Disclosures

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

- 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 of Oregon.
- I am not authorized to carry and administer potentially life-saving medications.
- That 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, by not having my education and qualifications reviewed by the state, and by not having the authorization 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:
 - Licensed Direct Entry Midwife (LDM)
 - Certified Nurse Midwife (CNM)

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 Health Licensing Office upon request.

See next page for transport plan...

- I have determined the following plan for transporting the above-named client and/or newborn 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 information disclosure, both verbally and in writing, that is required of the traditional midwife listed above pursuant to ORS 687.415.

 **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 Health Licensing Office upon request.