



Born
Midwives

Care Agreement

1. I have read the informed choice agreement. I understand and accept the terms and limitations of midwifery services as outlined therein.
2. I further understand that additions and/or deletions may be made to the informed choice agreement, and that I will be informed of such changes.
3. I understand that I can cancel this care agreement verbally at any time and for any reason.
4. I understand that Born Midwives may terminate this care agreement for reasons outlined by the College of Midwives of Ontario. Notice of such termination will be provided in writing and by registered mail.
5. In the event I do not have OHIP or other health insurance, or I choose to undergo procedures or obtain care not covered by my insurance, I understand that all expenses incurred as a result of my care are my sole responsibility. This includes but is not limited to midwifery care fees, laboratory investigation fees, radiology fees, consultant fees, hospital accommodation fees, and medication costs. Furthermore, I understand that Born Midwives will not compensate me under any circumstances for expenses incurred while under the care of Born Midwives.
6. In the event that I have my baby at home without the presence of a registered midwife, I acknowledge that neither a health card nor statement of live birth will be provided to my child or me. I acknowledge that Family and Children's Services may be contacted at my midwife's discretion.
7. By my signature, I understand that I am retaining the services of Born Midwives with the above mentioned inclusions, terms and conditions.
8. I, _____, and my baby are now clients of Born Midwives of Cambridge until 6 weeks postpartum.

Client's Name: _____ Signature: _____ Date: _____

Midwife's Name: _____ Signature: _____ Date: _____