

*Multiple Blessings Childbirth Services*

Robin Rabenschlag, CPM, LM  
San Antonio, Texas 210-744-7734

**RECORDS RELEASE**

We, \_\_\_\_\_ and \_\_\_\_\_,  
(print name) (print name)

expectant parents who desire to have our baby at home and have hired Robin Rabenschlag, who is licensed with the Texas Department of State Health Services as a midwife, and maintains certification with the North American Registry of Midwives, to attend our labor and delivery and to provide prenatal and postpartum care.

At the request of the client and the discretion of the midwife, medical records may be released to health care providers involved in the client's care. Data required by the State of Texas will also be released at the discretion of the midwife. If transfer to a hospital takes place, it is understood that any or all of my health care records may be released by Robin Rabenschlag to physicians, paramedics, hospital staff, or other health care professionals.

Records maintained by Robin Rabenschlag/ Multiple Blessings Childbirth Services will be released for insurance purposes at the request of the client or at the request of the insurance company if the client has made arrangements for direct inquiry.

I understand that this policy is in place in large part to assure me that all parties attending to my prenatal care, labor, delivery and postpartum care have access to information that may be of use in determining optimal care. Materials released to health care professionals and state agencies become part of files maintained by these individuals and/or organizations and governed by their rules and regulations regarding privacy and disclosure.

We understand that there are risks involved with having a home delivery, but we are willing to take the responsibility on ourselves. We are hiring Robin Rabenschlag to assist us in making healthy and safe choices.

All of the above information has been explained to me in detail.

\_\_\_\_\_  
Signature of Client Date

\_\_\_\_\_  
Client name in print

\_\_\_\_\_  
Signature of Midwife Date

Robin Rabenschlag  
Midwife name in print

Records released to: \_\_\_\_\_  Mailed  Faxed  Hand Carried Date \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  Mailed  Faxed  Hand Carried Date \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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