

INFORMED CONSENT AND AUTHORIZATION TO PERMIT THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Introduction and Purpose

All pregnancies have some level of risk. But not all risks are equal. A high-risk pregnancy is one where a pre-existing condition or problem diagnosed during pregnancy puts the mother or fetus (or both) at an increased risk for complications during or after pregnancy and birth.

HERA Women's Health is dedicated to providing the best care possible to its patients. In order to do so, the HERA Women's health is engaged in an ongoing review of the treatment of each one of its patients, including care during the stages of pregnancy through the birth of each child, for the purpose of **optimizing the quality of care provided to those patients and future patients alike.**

The purpose of the HERA Women's Health's research is driven by its dedication to continuously improve the quality of care it provides to its patients. By participating in this research, HERA Women's Health will review your treatment and the treatment of your newborn, to determine the effectiveness of certain treatment methods, including medicinal treatments, tests, evaluations and counseling, on expectant mothers and their unborn children at the various stages of pregnancy and through the birth and infancy of each child.

What information will be collected?

In order to determine the effectiveness of certain treatment plans and care provided, HERA Women's Health will review the medical records, including office notes, results of physical examinations, medical history, hospital documentation and reports, and all laboratory and radiology reports, that it created and maintained through the course of your treatment at HERA Women's Health. To follow up on your health and the health of your baby, HERA Women's Health will obtain the same types of medical records, including notes, results of physical examinations, medical history, documentation and reports, and laboratory and radiology reports, from any hospitals or other healthcare providers that cared for you during or directly after your pregnancy, or for your child at birth and into his or her infancy.

This Informed Consent and Authorization to Permit the Use and Disclosure of Protected Health Information ("Consent and Authorization") expressly authorizes the HERA Women's Health to: use your medical records and personal information, as well as that same information from your child to conduct the research discussed above, and to request and/or obtain the same medical records and personal information about you and your newborn child from any other healthcare provider, including any medical office, hospital, urgent care center and/or medical treatment facility which treats you or your child after your child is born.

The medical records that may be disclosed and used, as discussed in this section, will only be provided to HERA Women's Health after those records have been created, independent of HERA Women's Health research.

Who will use my information?

Your information will be used by HERA Women's Health its employees, agents and/or other researchers or data processors it contracts with or employs to conduct the research discussed above.

What does informed consent mean?

By consenting to participate in this research and authorizing the use and disclosure of your protected health information, you are expressly allowing the HERA Women's Health to use and obtain your health information as discussed in this Consent and Authorization form.

HERA Women's Health will take great care to preserve the confidentiality of your, and your child's, protected health information. Because the information HERA Women's Health will obtain and use for its research is created in the ordinary course of your medical treatment, this research will not affect the medical treatment or care you receive from any healthcare provider.

By signing this Consent and Authorization form, you acknowledge that you understand its contents and you consent to participate in the research described above. If you do not understand something about this Consent and Authorization form, please ask a HERA Women's Health employee to explain it to you.

