

**INFORMED CHOICE AND DISCLOSURE  
REGARDING  
TRANSFER OF CARE OR TRANSPORT**

I, \_\_\_\_\_, understand that I have developed a complication or risk factor that is outside of the scope of practice of the midwife providing maternity care for me. It has been explained to me that this complication or risk factor is: \_\_\_\_\_

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I am aware that not choosing to transfer my care to a physician or transport to a hospital for immediate assistance may cause further complications that could include the following but not be limited to these: \_\_\_\_\_

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I am fully aware of my choices regarding physicians and hospitals that are available to provide care for me. I understand that it is my right to choose who provides care for me and I have chosen to transfer care/transport to the following physician/hospital. \_\_\_\_\_

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I have given my midwife permission to contact this physician/hospital and provide a complete report of my prenatal history and current condition. This report will include a copy of my prenatal record. \_\_\_\_\_

I am fully aware that the physician/hospital that I have chosen does/does not have a formal agreement with my midwife regarding consultation or back-up care. \_\_\_\_\_

I am aware that transporting to the hospital will mean that the physician on call becomes my primary caregiver and I have the right to be treated promptly, efficiently, and respectfully. I have been given full disclosure regarding the complaint processes related to midwife care, physician care, and hospital care which will provide protection to me as a consumer of health care. \_\_\_\_\_

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SIGNATURE

INITIALS

DATE

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WITNESS

DATE

## **HOW TO FILE A COMPLAINT**

During the course of your transfer of care/transport, if you feel that you received care or treatment that did not meet standards or was unacceptable in any way, you have access to a complaint process.

### **PHYSICIANS**

Please visit the website for more detailed information.

[www.tsbme.state.tx.us/complain/complain.htm](http://www.tsbme.state.tx.us/complain/complain.htm)

Complaint Hotline: 1-800-201-9353

Mail complaints to the following address. You must call the Complaint Hotline to request the appropriate form.

Texas State Board of Medical Examiners  
Investigations Department, MC-263  
P.O. Box 2018  
Austin, TX 78768-2018

### **HOSPITALS**

Please visit the website for more detailed information.

[www.tdh.state.tx.us/HFC/complain.htm](http://www.tdh.state.tx.us/HFC/complain.htm)

Mail or Fax Complaints to the following address:

Health Facility Licensing and Compliance Division  
Texas Department of Health  
1100 West 49<sup>th</sup> St.  
Austin, TX 78756

FAX (512) 834-6653

COMPLAINT HOTLINE (888) 973-0022