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CONSENT FOR HEALTH MONITORING FOR YOUR BABY'S SAFETY

There are many health risks associated with the use of drugs and alcohol during pregnancy. The health of your baby is our utmost priority. Screening for substance use is part of comprehensive obstetric care and it's done during first prenatal visit. In order to provide you and your baby the best care, we need to know all the factors that contribute to your overall health.

Therefore, we ask **all of our pregnant patients** to sign this consent for urine toxicology testing. You may be tested for drug and alcohol use throughout your pregnancy. If you test positive, we can provide you with referrals for counseling and drug treatment. Most insurance will cover the laboratory testing. If a copayment, a coinsurance or a fee applies for the services the laboratory company will send you the information by mail. The laboratory has a patient assistance program you may apply if you are unable to pay due to financial hardship.

I have read the above and consent to being tested for drug and alcohol use during my pregnancy. I acknowledge receipt of information regarding the risks involved in using drugs and/or alcohol during my pregnancy.

Patient's Name: _____ Date: _____

Patient's Signature: _____ Date: _____

A copy of this signed consent will be given to me upon request.