



Around the Circle Midwifery, LLC

CLIENT INFORMED CONSENT FOR PARTICIPATION OF STUDENTS OF BASTYR UNIVERSITY DEPARTMENT OF MIDWIFERY

Bastyr University is a private, non-profit university accredited by the Northwest Commission on Colleges and Universities (NWCCU) and its Department of Midwifery is programmatically accredited by Midwifery Educational Council (MEAC). Graduates of the program are eligible for national certification as a Certified Professional Midwife (CPM) and to sit for State or Provincial licensure as available.

The midwifery program is a three-year program culminating in a Master of Science in Midwifery. Students are participating in a rich and rigorous theoretical education while participating in clinical practicum with qualified preceptors. Around the Circle Midwifery is committed to educating future midwives and has invited a student from Bastyr University Department of Midwifery to participate in a clinical rotation. Students do not provide clinical care except when under supervision of the preceptor and it is the supervising clinician who is ultimately responsible for client care. Students only provide care to a client with the permission of the client and the attending clinician.

Bastyr University Department of Midwifery hopes that your experience with the student is positive, and asks your permission to have her included in your maternity care. Students involved in clinical work are intimately familiar with our policies and the law pertaining to confidentiality and are bound by the highest standards. All reports submitted to the school shall omit the client's name and identifying features prior to submission to the school.

Thank you for considering this request. The willingness to include a student in your care provides a wonderful opportunity to our student, and contributes to the creation of a variety of safe maternity care options for all women.

I, _____ having read the above statement, consent to allow Bastyr University Department of Midwifery students to participate in my maternity care with my midwife. I understand she is a student, and will be under the supervision of my midwife, whom I hold to be ultimately responsible for my care. I understand that the student may share information regarding my prenatal course and birth with her instructor and classmates, for the purposes of a structured learning activity, and that my name and other identifying information will not be included in any information presented at the school.

Signature of client(s) _____ Date _____