

SUGARLAND WOMEN'S HEALTH CENTER

HEALTH INSURANCE PORTABILITY AND ACCESSIBILITY ACT PRIVACY NOTICE (HIPAA)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information, please review it carefully.

Uses and Disclosures of Health Information

With your consent,, we may use health information about you for treatment (such as sending your medical record information to other physicians as part of a referral), to obtain payment for treatment (such as sending billing information to health insurance plan), for administrative purposes, and to evaluate the quality of care that you receive (such as comparing patient data to improve health treatment methods).

We may use or disclose identifiable health information about you without your authorization for several reasons: Subject to certain requirements, we may give out your health information for public health purposes, abuse or neglect reporting, auditing purposes, research studies, funeral arrangements, organ donation, worker's compensation purposes, and emergencies. We provide information when requested by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at anytime. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and on our web site. You can also request a copy of our notice at anytime. For more information about our privacy practices, contact Dr. Nguyen.

Individual Rights

In most cases, you have the right to look at or get a copy of the health information that is about you, that we use to make decisions about you. If you request copies, we will charge you 10 cents each page. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home. If this notice is sent electronically, you may obtain a paper copy of the notice.

You may request, in writing, that we not use or disclose your information for treatment, payment, or administrative purposes or to persons involved in your care except when specifically authorized by you, when required by law, or in emergent circumstances. We may consider your request but are not legally required to accept it.

SUGARLAND WOMEN'S HEALTH CENTER

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, acknowledge and agree that I have received a copy of the Sugarland Women's Health Center Notice of Privacy Practices.

Patient Signature

Date

Patient Legal Representative (if applicable)

Date

Print Name of Legal Representative

Relationship to Patient

For Clinic Use Only:

The Sugarland Women's Health Center made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices.

Sugarland Diagnostics

Fetal Ultrasound Patient Information and Consent Form

1. Is ultrasound safe?

Ultrasound is high frequency sound wave which is beyond human capacity for hearing. Current ultrasound technology works by transmitting this sound wave through the body and detecting echoes returning from different tissue densities. There is no ionizing radiation involved as in x-ray. Current understanding suggests that ultrasound poses no detectable risk to either fetus or mother. However, that is not to say that future studies will not discover new risks. Moreover, a developing fetus is inherently more fragile and more susceptible to external forces and should be treated with more care. Consequently, in ultrasound we follow the ALARA principle (As Low As Reasonably Achievable) - using the minimum power level and time needed to complete each ultrasound scan.

2. What can I expect to see on ultrasound?

At the appropriate time of gestation and with baby's cooperation, we should be able to identify most of the baby's internal structures with 2D ultrasound. The 3D ultrasound complements this by giving us a better surface picture making it easier to visualize the baby's face, extremities, and sex. The difference between the 2D and 3D ultrasound is similar to the difference between x-ray and photographs. One is designed to view the internal organs; the other is for looking at the surface. Please note that sometimes due to the baby's size, gestational age, position, and maternal body habitus we will not be able to perform an adequate exam. Sometimes when the legs are crossed for example, we will not be able to determine the baby's sex. In these situations, we will ask patients to return another day when hopefully fetal position will have changed and organ development will have further matured. We will not charge for the follow up visit.

3. What can ultrasound detect?

Like all medical diagnostic tests, ultrasound is a tool used to detect a specific set of abnormal conditions; it will not detect anything outside of that set of conditions. Conditions currently detectable to a varying degree by 2D ultrasound includes neurotube defect (e.g. spina bifida, anencephaly, hydrocephaly), cleft palate, cardiovascular malformation (e.g. heart defect), diaphragmatic hernia, omphalocele, gastroschisis, growth restriction, macrosomia, cervical incompetence, placenta previa, oligohydramnios, Down syndrome, trisomy 13, trisomy 18, etc. This list is by no means exhaustive, but it does demonstrate the extensive set of conditions that we must look for specifically during each real-time 2D ultrasound. Unfortunately, the list of diseases *not* detected (e.g. sickle cell disease, muscular dystrophy, mental retardation, cerebral palsy, etc.) is exponentially longer. Color doppler contribute to the evaluation of *in utero* fetal well being by determining blood flow through specific fetal blood vessels. And, the 3D ultrasound is by design useful to detect only surface defects such as cleft lips, omphalocele, gastroschisis, and neurotube defects.

4. Can a normal ultrasound guarantee a normal baby?

Again, ultrasound will **not** detect all abnormal conditions. It will detect only structural abnormalities large enough to be seen. Smaller lesions will be missed. Moreover, medical condition changes with time; and if the condition has not developed sufficiently at the time of the exam it will not be detected. Hydrocephaly, for example may develop late in pregnancy and will be missed at the time of the second trimester ultrasound. With all the hype and the cute baby pictures, it is easy to lose sight of the limitations of the ultrasound. Obviously, the tool can only be as good as its operator. You will not get the same result from an untrained technician as from a well trained physician, for example. Indeed, a recent study (the RADIUS trial) found that ultrasound in the community setting was dismal at detecting fetal anomalies - missing all of 17 cardiac anomalies which was later diagnosed. Even in tertiary centers, of the 22 cardiac anomalies present, only 4 was detected by prenatal ultrasound. To help reduce this limitation, we believe that all ultrasounds should be directly supervised or performed by a well trained physician with sufficient clinical experience.

5. When is a best time to perform an ultrasound?

On each pregnancy, we like to perform three ultrasounds. The first ultrasound is performed endovaginally at 11- 14 weeks looking at fetal number, age, and nuchal translucency (a marker for Down syndrome). The second (abdominal real-time 2D) ultrasound is performed at 20-22 weeks looking for central nervous system, cardiac, abdominal wall, urinary system abnormalities as well as placental placement, umbilical vessels, and cord insertions. This is also a good time for measurements of fetal biparietal diameter, head circumference, abdominal circumference and femur length to ascertain appropriate fetal growth. If the baby is cooperating, we may be able to glimpse at the sex at this time. We like to perform the 3D ultrasound at 28-35 weeks as this is the best time to obtain images of the face looking for clefts, and of limbs looking at toes and fingers. We will also perform a 2D scan at this time to confirm appropriate growth, check placental placement and adequacy of amniotic fluid. Additional ultrasound scans are performed throughout pregnancy with appropriate medical indication.

6. What do I have to do to prepare for the ultrasound?

Unlike CT scan or colonoscopy, there is relatively little preparation. You do not have to fast and you do not have to have a bowel prep. You may or may not have to come with a full bladder depending on the study scheduled. You will be instructed at the time you schedule your appointment. We do recommend that you wear loose comfortable clothing.

7. What can I expect during the ultrasound?

Any new experience can potentially be anxiety provoking. We like to make the experience as pleasant as possible. There is no pain involved. You should be about 15 minutes early to your appointment for paper work. You will have a brief consultation period with the physician performing the scan where your remaining questions can be answered. You will then be led to a comfortable darkened room for the ultrasound. Most exams are abdominal and can be performed in your street clothes. We recommend you wear loose comfortable clothing which can easily expose your abdomen. Some non-staining pre-warmed gel will be spread on your abdomen. Lie back and enjoy the view of

the window into your womb. If you need an endovaginal scan (usually for gynecologic and first trimester exam) you will be asked to change into a hospital gown. A small probe covered with warm gel will be inserted into your vagina. It is smaller and much less uncomfortable than the speculum of your annual pelvic exam. You can resume normal activity immediately after the exam.

8. Can I have my family with me?

Absolutely! Fetal ultrasound is a unique experience in modern medicine. It is an ideal time to nurture family bonding. We encourage you to bring your love ones to share this experience. Please be aware of our room limitation, however. Any more than two to three visitors become overly crowded. We will send you home with pictures and a video to share with the rest of your family and friends.

9. How much does it cost?

2D ultrasound for gender determination from 18 weeks \$120

Live 3D/4D ultrasound for face evaluation and gender at 28-34 weeks \$120

Screening real-time 2D ultrasound for congenital anomaly at 20 weeks \$300

Endovaginal ultrasound during the first trimester and gynecologic scan \$200

Color Doppler and targeted scan (level II) \$500

Gynecologic ultrasound exam for adnexal & uterine pathology \$300

Amniocentesis \$300 (this does not include the laboratory fee of \$700)

Sonohysterography \$300

After each ultrasound we will provide you with several pictures and a VHS recording of the session. We can make CD ROM which could be used for email and reprint pictures from your computer. It will contain both JPEG stills and short AVI video clips of your session. Also we do have DVD recording capability. The DVD will allow playback on your DVD machine but you will not be able email or print more pictures from it without first capturing the video files to your computer. Please note that the DVD format we use is DVD -R which is compatible with most but not all DVD players. Make sure your player can play this format before ordering. There will be an additional \$30 charge for the CD ROM and \$40 for the DVD -R. Please let us know before the start of your session if you want either the CD ROM or the DVD.

10. Does my insurance cover the cost?

Most insurance will cover one or two 2D ultrasounds during your pregnancy depending on your plan. Additional 2D ultrasound and the 3D/4D ultrasound are not covered. Even with appropriate medical indication, many insurance companies will make you pay out of pocket. If your insurance does cover the procedure, you are still responsible for the co-pay and deductibles.

11. I am seeing someone else for my prenatal care, can I still get my ultrasound from the Sugarland Women's Health Center?

We do recognize that this technology is not yet widely available in the Sugar Land area. So as a service to the rest of the community, we will offer it to you either with or without your physician's referral. However, if you are self referred, please do not ask us to deal with your insurance company. We much rather spend the time taking care of our patients.

Sugarland Diagnostics

Fetal Ultrasound Consent Form

Sugarland Women's Health Center patient may skip this table.

Name: _____ Partner's name: _____
Address: _____
City, State, & Zip: _____ Date of Birth: _____
Phone: _____
Email: _____
Current weight: _____
Last menstrual period: _____ Due date: _____
Previous ultrasound: Y N
Last ultrasound date: _____
Abnormalities seen: Y N _____
Pregnancy complication: _____
Medical problem: _____
Medications: _____
Allergies: _____
Physician referral: Y N Obstetrician: _____

Report to be send: with Patient to Obstetrician

Procedure requested (please circle):

- | | |
|--|--|
| 1. 2D Gender Determination (\$120) | |
| 2. Live 3D/4D ultrasound (\$120) | 7. Gynecologic ultrasound exam (\$300) |
| 3. Screening 2D ultrasound (\$300) | 8. Amniocentesis (\$1000) |
| 4. Combined 2D & 3D ultrasound (\$350) | 9. Sonohysterography (\$300) |
| 5. Endovaginal ultrasound (\$120) | 10. CD ROM (\$30) |
| 6. Color Doppler and targeted scan (\$500) | 11. DVD -R (\$40) |

By signing below I acknowledge that:

1. I have read and understood the information given to me.
2. I understand the indication and risks involved with the procedure I am about to undertake.
3. I have given truthful information about my medical history and my pregnancy.
4. I have had all my questions regarding this procedure answered.

Signature: _____

Date: _____

Witness: _____ Date: _____

We reserve the right to cancel, terminate, or not perform any procedure we deemed inappropriate.