



At First Sight

3D/4D Fetal Ultrasound Imaging Studio

Prenatal Verification of Care Patient Authorization

Healthcare Provider

Your patient has requested an elective prenatal 3D/4D ultrasound at At First Sight 3D/4D Fetal Ultrasound Studio. At First Sight provides non-diagnostic ultrasound sessions which may encourage early bonding with the baby, provide a positive attitude toward the pregnancy, and assist establishing a feeling of reality and a "place" in the family for the unborn child. We require all of our clients to provide proof of ongoing prenatal healthcare. Our ultrasound sessions are conducted only by licensed/certified ultrasound technologists. The sessions are non-diagnostic but may reveal information of some limited medical value. At First Sight does not provide diagnostic ultrasound services to detect abnormalities, determine due dates or the weight or length of baby. All clients are expressly informed that the ultrasound sessions of At First Site do not and cannot replace the regular prenatal care and diagnostic exams provided by the client's primary healthcare provider.

My patient _____, is currently receiving ongoing prenatal care with my office. Her child's estimated due date is _____.

I have not ordered this ultrasound session, nor will I be supervising or interpreting the ultrasound.

I understand that this is not a diagnostic exam.

Dated: _____

Provider's Name

Provider Signature

Patient Authorization

I authorize the above named healthcare provider and staff to release the requested information to At First Sight 3D/4D Fetal Ultrasound Studio. I also give permission to At First Sight to communicate to my provider listed above any incidentally discovered areas of concern. I understand that this is an elective non-diagnostic ultrasound only. I expressly agree to not hold either party listed herein liable for diagnosing any current or future potential health concerns related to my pregnancy or unborn baby.

This Authorization is intended to satisfy the requirements of the Health Insurance Portability and Accountability Act (42 U.S.C. Section 1320d) (HIPAA) and the California Confidentiality of Medical Information Act (Civil Code Section 56 et seq.) (CMIA) for the disclosure of information.

Dated: _____

Patient's Name

Patient's Signature