



[www.newenglandmothersfirst.com](http://www.newenglandmothersfirst.com)

## **Mothers Signature Form for Care**

**This form acknowledges that you have access to and reviewed the following patient forms:**

**Notice of Privacy Practices for Protected Health Information (PHI)**

**Patient Consent and Notice Acknowledgment Form**

**Practice Letter Overview with Financial Procedure**

**Prenatal Practice Letter (if applicable)**

**By signing here, you are consenting to treatment for all visits beginning with your first visit with New England Mothers First.**

**First Name\***

**Last Name\***

**DOB\***

**Electronic Signature\***

**This is for Consent of Photography and Data Collection: (Yes or No) \***

(This is separate from signature for consent to treat) (If any photo is collected, it is discussed again prior to utilizing any pictures or video)

Disclaimer: This consent form includes all medical visits, beginning with the initial visit, with New England Mothers First.