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FIRST PRENATAL VISIT

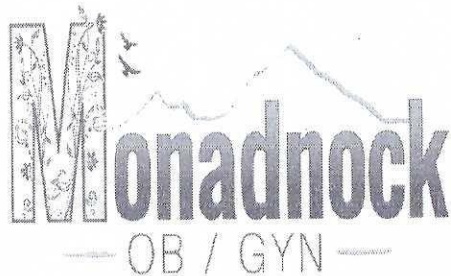
At your first visit a provider will discuss your medical history and perform the following:

- Physical Exam
- Pap screen for cervical disease; this may include a human papilloma virus test
- A urine culture is performed
- Gonorrhea and Chlamydia cervical or urine test
- Blood work to include screening for:
 - HIV (Human Immunodeficiency Virus)
 - Syphilis
 - Varicella (chicken pox) immunity
 - Hepatitis B Surface Antigen
 - Rubella Immunity (German Measles Immunity)
 - Hepatitis C Antibody
 - Complete blood count (for anemia screening)
 - Type and screen-detects blood type (A, B, O, AB) plus antibodies to your specific blood type
 - RH Factor-determines if you are RH NEG, whereby you might require a Rhogam injection to protect fetus if your partner is RH+

Other tests depending on risk factors include but are not limited to: screening for thyroid disease, toxoplasmosis, Fifth's disease (parvo virus), Hepatitis C presence, Sickle Cell Disease/Trait, Tay-Sachs, Canavan's Disease, diabetes, Fragile X, Cystic Fibrosis, Spinal Muscular Atrophy.

If you prefer not to have any of these tests, please discuss with your provider at your appointment.

Future tests may include Quad Screen, First Trimester Nuchal Translucency Ultrasound, Morphology Ultrasound, screen for Diabetes in Pregnancy, follow up Anemia rechecks, Group B Strep Vaginal Cultures.



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Prenatal Information

There are many body changes in pregnancy that you will notice, the common ones being: morning sickness, frequency of urination, fatigue, swelling, and breast tenderness. You may experience all, none, or any combination of them. These changes are caused by hormones produced during the pregnancy. There are other, more subtle changes also caused by these hormones of which you need to be aware. Otherwise, you might think something is wrong, when it is really normal.

Your hair is no longer synchronized when it grows. Some hairs grow faster than others do, and some fall out. You may notice more hairs in the tub or shower and think you are balding, but new hair grows in place. This change disappears after you deliver.

Everything swells and changes shape. The blood vessels in your body open (dilate), and appear more readily on the surface. As a result, you may experience more sinus headaches and nosebleeds. Nosebleeds are especially common in winter. You may notice gum bleeding when you brush your teeth.

As the uterus grows, it causes discomfort. It may feel like menstrual cramps, pinching pains at the top of the vagina, pulling sensations, or "runner's cramps." This is perfectly normal, and may be quite uncomfortable. It is also more noticeable with the second or greater pregnancy than with the first.

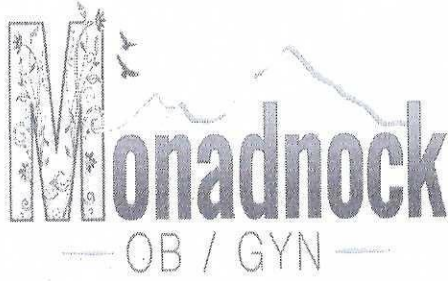
A certain amount of swelling is normal. It becomes greater as the pregnancy advances and is worse in warmer weather. Normal swelling increases through the day and decreases when you lie down. The more you drink, the less you swell. The last four to six weeks of the pregnancy are the worst for this, and you may experience numbness and tingling in your fingers and toes as the nerves are squeezed by the fluid around them.

Pregnancy causes constipation. The hormones of pregnancy increase the time it takes for food products to go from the stomach to the large intestine. This is another reason why fluids along with fiber are so important.

If this is your first pregnancy, you will feel the baby around the fifth to the sixth month. If this is the second or greater, you generally feel the baby around four weeks earlier.

Generally you should eat a balanced diet with lots of fiber (fresh fruits and vegetables). Plenty of fluid (eight to twelve glasses of water or juice daily) is important. Make sure you take your vitamins and if we recommend it, iron.

Exercise is encouraged, but do not set new goals. Maintain your current routine, but avoid sudden, jerky movements after the sixteenth week. An exercise bike is fine, as is walking and low impact aerobics. If you swim, do not dive bottom first or water-ski, so water is not forced into the vagina.



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What to Know-

Alcohol Use in Pregnancy

There is no known safe amount of alcohol to drink while pregnant. There is also no safe time during pregnancy to drink and no safe kind of alcohol. **CDC urges pregnant women not to drink alcohol any time during pregnancy.** If a woman is drinking alcohol during pregnancy, it is never too late to stop. The sooner a woman stops drinking, the better it will be for both her baby and herself.

Anticipated course of prenatal care

Typically women have visits very 4 weeks until 28 weeks then every 2 weeks until 36 weeks then weekly. At visits your BP, urine and baby's heart rate will be monitored. We will discuss any problems that arise as well as provide instructions regarding available classes, routine test, picking a pediatrician, breast feeding information, etc.

Breast Changes

You will notice your breasts become more tender during pregnancy. Along with this some nipple discharge may be present. As long as it is clear or milky, do not be alarmed. The pigmented areas may darken.

Childbirth/Breast feeding classes

More information will be discussed between 24-28 weeks but the director of OB education can be found at (603)924-7191 x4174 or e-mail-pat.o'connell@mchmail.org.

Check out the web www.monadnockcommunityhospital.com

Dental Work

Any dental work is permissible during pregnancy as long as local anesthetics without epinephrine are used. X-rays should be avoided unless absolutely necessary. A lead apron must be used to protect your abdomen if X-rays are essential. Should your dentist want to give you antibiotics, Erythromycin or anything in the penicillin family is permitted. You may also use Tylenol for pain relief.

Diarrhea

Just as with the common cold, intestinal afflictions caused by viruses are common in pregnancy. Their symptoms can include nausea, vomiting, and diarrhea, and can last from 24 to 72 hours. It is recommended that you eat lightly or consume broths and liquids until symptoms pass. You may use Kaopectate for diarrhea. **NEVER USE PEPTO-BISMOL DURING PREGNANCY.**

Domestic Violence

Domestic violence can be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner. If you feel you may be in an abusive relationship; please the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or your local domestic violence center 24-Hour Crisis Hotline 1-888-511-MCVP (6287) All services are Free and Confidential.

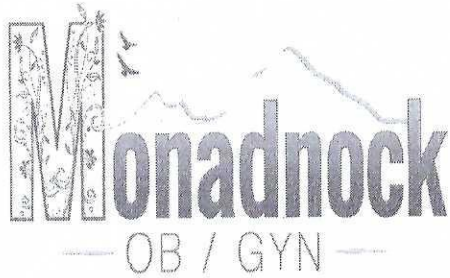
Environmental/Work Hazards

Please check the CDC website for workplace situations/exposures <http://www.cdc.gov/Workplace>

Gardening Because animals that eat other animals can defecate in your garden it is recommend that you wear gloves and wash your hands and veggies thoroughly.

House Painting

Keep the area well ventilated and use only water based paint (latex). Avoid petroleum based products, as no one knows their effects.



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Illicit/Recreational Drugs

Most drugs used during pregnancy are harmful to the fetus. They cause health problems including the risk of stroke, brain damage, premature birth and miscarriage. Speak with your physician regarding a substance abuse program.

Insecticides

The effects of these agents are not well known. Airborne vapors probably should be avoided until they dissipate (consult with the manufacturer as to duration).

Intercourse

There are no restrictions on sexual activity unless you are given a medical reason to abstain from intercourse. There is one exception: there is a rare form of sexual practice in which air is blown into the vagina during oral sex. This can cause fatal air embolism and should not be performed.

Morning Sickness

This common problem generally disappears by the 12th week in pregnancy. Rare cases go on until the 20th week. The nausea can sometimes be improved if small, frequent feedings are used (divide what is usually consumed into 6 to 8 portions). If you experience severe nausea and vomiting in which you are unable to retain food or liquids for 24 hours, please call the office. You may require supervised medical care of medications until this is under control.

Nutrition and weight gain

For most women a 25-35# weight gain through the entire pregnancy is recommended. If you are entering pregnancy overweight your doctor may lower this target. Nutritionist

Services are available if you have specific dietary questions or needs.

Overdue

Many pregnancies go past their due date. There is generally no cause for alarm. At a certain point in time, we may advise a simple procedure called a non-stress test in which the fetal heart rate is monitored. This test helps us to decide on further waiting, further testing, or consideration of delivery.

Perms

There is no information on the safety of chemicals used in permanent waves. When in doubt, don't do it.

Pets

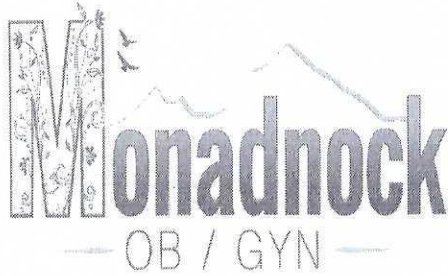
The question is always asked about cats causing toxoplasmosis. The risk for this disease is actually much higher if you eat raw meat than if you handle your cat. If your cat remains inside, you have little to be concerned about. There is a somewhat greater risk if your pet roams and consumes raw meat or garbage. General advice is not to handle the litter. Testing can be performed to determine if you have ever been exposed to the disease or if you have an active infection (the two are not the same—mere exposure is not necessarily dangerous).

Pigments

The hormones of pregnancy activate the pigment cells within your body, you may notice that moles darken and a brownish line appears on your abdomen. This is expected. The dark line does not disappear after delivery. In addition, stretch marks may arise which are the result of breakage of elastic fibers in the connective tissue. They may lighten after delivery, but they never go away completely.

Seat Belts

Just as when not pregnant, a seat belt is recommended to be used whenever driving or riding in a car.



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Tobacco use

If a woman smokes when she is pregnant, her baby is exposed to harmful chemicals such as tar, nicotine, and carbon monoxide. Nicotine causes blood vessels to constrict, so less oxygen and nutrients reach the fetus. Carbon monoxide lowers the amount of oxygen the baby receives. Women who smoke during pregnancy are more likely to have problems such as ectopic pregnancy, vaginal bleeding, stillbirth and low birth weight of the baby. The less a woman smokes the less harm it will do. Quitting is the best thing to do for both the mother and baby.

Try-To-STOP TOBACCO Resource Center of New Hampshire

1-800-TRY-TO-STOP Espanola 1-800-8-DEJALO TTY1-800-833-1477 www.trytostop.org

We're here to help you quit.

Toxoplasmosis

An acute infection in pregnant women can be transmitted to the fetus and cause severe illness (i.e.: mental retardation, blindness, and epilepsy). An infection can be prevented in large part by cooking meat to a safe temperature, peeling or thoroughly washing fruits and vegetables before eating, cleaning cooking surfaces and utensils after they have contacted raw meat, poultry, seafood, or unwashed fruits or vegetables. Pregnant women should avoid changing cat litter or, if no one else is available to change the cat litter, using gloves, then washing hands thoroughly.

Spotting and Bleeding

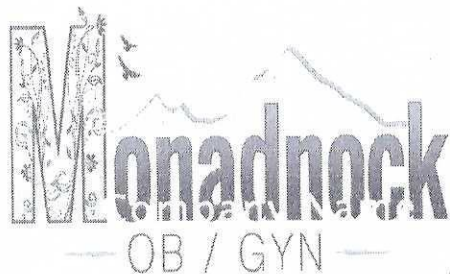
This is very common during pregnancy and does not always mean miscarriage. Spotting or staining can occur from normal migration of the placenta, breakage of small blood vessels near the mucus glands of the cervix, or other factors, which do not jeopardize the pregnancy. You should always contact us with any spotting or bleeding, so a thorough evaluation can be done.

Travel

Unless there are specific medical reasons of which you have been advised, there are no restrictions on travel for the first 35 weeks of pregnancy. Travel is not recommended during the last five weeks of gestation.

Vaccines

It is recommended by ACOG and CDC that pregnant women get their annual flu vaccine. This can be done at the usual places where you get your flu vaccine (your PCP or pharmacy or place of work).



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NAUSEA AND VOMITING IN PREGNANCY

Generally considered a problem for the first trimester (up to 14 weeks), the actual time at which nausea and vomiting start to decrease, has been shown by one researcher to be almost 17 ½ weeks with 15% of women continuing with nausea to term, and 5% of women with vomiting right up until delivery.

Nausea and vomiting are not psychological manifestations of unwanted pregnancy in the majority of cases. The witnessed ambivalence is often a mirror of the disappointment over the loss of control of bodily functions and a loss of well-being directly related to nausea and vomiting.

It is paradoxical that the happiest time in a woman's life, pregnancy, can be fraught with an ailment that defies medical treatment in some cases. The healthy glow of pregnancy can be lessened by nausea and vomiting and is contrary to the expectations of the patient and her family.

Poor intake of food and liquids with continued nausea can often be traced to background smells (perfume, cologne, workplace chemicals, breath, pets, food and food preparation). Pregnancy hormones, probably estrogen, enhances sense of smell, possibly in a protective manner. The difficulty that most patients have articulating this new complaint is that it is mouth taste. This is a result of an alteration of electrolytes (such as sodium and potassium) due to diminished or excessive saliva or estrogen concentration.

In women affected by nausea and vomiting in pregnancy, most commonly recorded nutrient deficiencies are vitamin B6 and vitamin B1 (thiamine). Supplemental vitamin B6 therapy has been administered for morning sickness in outpatient settings while simultaneously eliminating iron supplements. However, vitamin B6 deficiency has not been demonstrated in these patients. Likewise, no controlled studies with women hospitalized for hyperemesis gravidarum have been conducted, to test vitamin B6 effectiveness.

Triggers and treatment: Heat and humidity appear to concentrate pollutants and exacerbate or worsen nausea and vomiting. Noise has been studied in the military for its nausea inducing effect. Motion is another trigger. In addition, prenatal supplements can be difficult to tolerate, and intense visual stimuli. Especially food commercials on television have been reported by women to trigger nausea and vomiting.

Nausea and Vomiting in Pregnancy

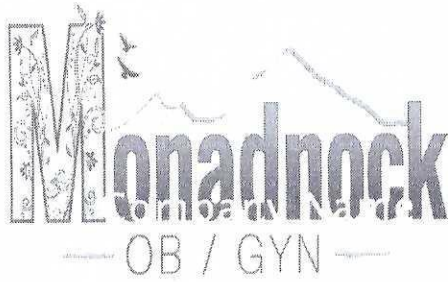
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Self-food preparation can also be a trigger. The sight and smell of foods during the preparation process, and increasing hunger, can result in a state of increased nausea while waiting. Although the smell of stale, fatty foods is often mentioned as a trigger, high fat, non-aromatic foods, such as potato chips which are high in potassium and folate may not always be deleterious or harmful.

Pregnant women suffering from morning sickness may find some relief by experimenting with potential remedies.

Things to try:

- Sea bands/Acupressure
- Hypnosis for relaxing
- Chewable vitamins with folate or iron combined with monitoring of vitamin A intake
- Home intravenous fluids when fluid requirements of ten cups per day cannot be achieved orally. This fluid should contain a multivitamin.
- Home help for procuring meals and childcare (including diaper changing)
- Grocery delivery service
- Ginger products, i.e., tart ginger ale, pickled ginger, ginger preserves
Concentrated ginger capsules should be avoided
- Support: the internet has web sites with information and shared experiences on morning sickness



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- Atypical foods/beverages such as potato chips, lemonade, lemons (the smell) and Granny Smith apples

Air Conditioning: Hot, humid weather exacerbates symptoms.

Warm dressing in cold weather: Relying on artificial heaters can accelerate fluid loss exacerbating dehydration and constipation.

Dill pickles: Some find dill to have a calming effect and to be soothing to the intestinal tract.

Symptom monitoring: Plotting daily events can provide an overview of potential triggers.

Fresh lemon juice and water mouth rinses.

Sucking on Atomic Fireball candy. I personally enjoy Red Hots (DRL).

Nausea and Vomiting in Pregnancy

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Things to avoid:

- Odor sources such as food, pet products, gas stations coffee pots, diapers.
- Sources of visual, vagal stimulation such as poor quality computer screens, videos
- Known auditory triggers
- Magazines with perfume samples
- Travel and public entertainment-air travel is particularly unpredictable due to air turbulence, perfume/cologne odors, and food smells. For travel that is unavoidable, a lemon carried in a resealable plastic bag may be helpful when trigger smells are encountered.

Pharmacologic options: Emetrol has a local action on the hyperactive intestinal tract; it reduces smooth muscle contractions in proportion to the amount used. Side effects include abdominal pain and diarrhea.

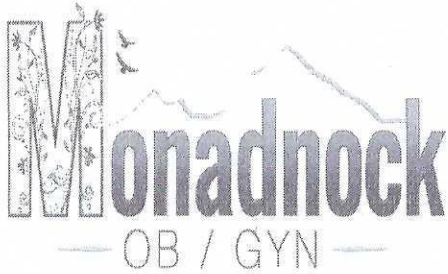
Category A medication-safe and effective.

Vitamin B6 is safe and effective, as long as less than 2.2 mg per day are taken. If an amount in excess of 2.2 mg per day is used, it carries a risk of a category C medication.

Category B medications-You should ask your physicians/nurse practitioner about: Dramamine, Benadryl, Unisom, Antivert, Reglan, Compazine, Zantac, Zofran.

Category C medications- Droperidol, Haldol, Vistaril, Trilafon, Phenergan, Tigan.

This information was taken from the American College of Obstetricians and Gynecologists Clinical Review, Volume 2, Issue 3, May/June 1997. Issue written by Miriam Erick, MS, RD, CDE.



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Medications During Pregnancy

During your pregnancy we encourage you to not take any medications other than those that are necessary. Most often, small problems may be remedied with either rest and relaxation or adjustment of diet and/or change in eating habits rather than the various over-the-counter preparations or whatever might be in your medicine cabinet.

We ask that you consult us prior to taking **any medications**. There are a few medications, however, that we feel are safe to use with discretion.

Indigestion: Sometimes it is helpful to figure out when you experience indigestion. Is it before meals, when your stomach is empty? Is it when you have just finished a large meal, more in the morning or evening or all the time? Often this situation is relieved by eating smaller and more frequent meals, or avoiding specific irritating foods or by having less in your stomach at bedtime. If these suggestions don't help, try Roloids, Tums, Mylanta or Maalox (tablets or liquid). Pepcid 20mg. NO Pepto-Bismol

Nausea or Morning Sickness: Again, we suggest that you consider your diet and the time of day you eat your meals. During pregnancy it is thought that there may be an increase in gastric (stomach) secretions and perhaps a cracker or a piece of toast before getting out of bed may be helpful. You might also try eating small, more frequent meals and try not to skip meals. If this is a continual problem, please consult us for further suggestions. Ginger 250mg four times daily, Vitamin B6 25mg four times daily with ½ tab of Unisom. This recommendation is equivalent to a prescription that is often times not covered by insurances.

Constipation: There are many reasons or causes for constipation during pregnancy. Sometimes it is due to the iron in your vitamins, the increasing size of the uterus, the lack of bulk or roughage or lack of fluids in your diet. Try to increase the fiber in your diet (bran, whole wheat bread, fresh vegetables, fresh and dried fruit) and daily fluid intake. You may take Metamucil or Fibercon, which are bulk forming substances, or Colace or Surfak, Senakot which are stool softeners.

Hemorrhoids: Hemorrhoids usually happen when there are problems with bowel elimination. Hemorrhoids are enlarged veins at the rectal opening. Most often, burning, itching and irritation occur with hemorrhoids. The treatment for this is keeping bowel movements soft and regular, avoid straining, and avoid standing for long periods of time. Try taking a warm tub bath 2 or 3 times a day and use Witch Hazel, Tucks, Anusol, Proctocream or Preparation-H after bowel movements. If you have any rectal bleeding, please contact us.

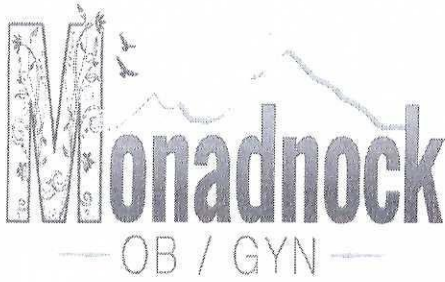
Headaches: Headaches may be caused for a number of reasons such as stress, being overworked, overtired or changes in hormonal levels occurring during pregnancy. Be sure to get enough sleep and take a break during daily activities. **Do not use aspirin.** Tylenol (acetaminophen) is the only recommended product for headaches and/or fever in pregnancy.

Cold, Congestion, or Flu: Although it is not always possible to avoid these conditions, it may be helpful to drink fluids and get plenty of rest. Sudafed may be used as a decongestant, if you do not have high blood pressure. For a dry stuffy nose, Ocean Nasal Mist can be used as often as needed. For a cough, Robitussin can be used. Should your symptoms persist or your temperature rise over 100, consult your personal medical physician. If flu involves nausea, vomiting and/or diarrhea, cease all oral intake for 2 hours, then suck on ice cubes for 4-6 hours. Gradually increase fluids (tea, flat soda, bland soup, etc.) until solid food is tolerated. Kaopectate may be used for diarrhea.

Sore throat: Cepacol Lozenges, Hall's cough drops or salt water gargle

Allergies: Benadryl, Claritin and Chlor-Trimeton may be used.

If you have any questions about medications you may have taken or that another physician may have prescribed for you, by all means contact us. Our telephone number is 603-924-9444.



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UMBILICAL CORD BLOOD STEM CELL BANKING

Bone marrow transplants have been used for years to treat numerous diseases. The stem cells of bone marrow are also found in umbilical cord blood. Umbilical cord blood stem cells have been shown to be an effective alternative to a bone marrow transplant.

These cells are available at the birth of every baby. The stem can be removed and saved after delivery so as not to interfere with your birthing experience. These cells are then stored and can be used at a later time to fight malignant and benign conditions. By storing the stem cells, a guaranteed match is available for your baby and potentially for other family members. The collection and storage of these cells provide a unique opportunity to fight diseases that would otherwise involve finding a bone marrow match. There is a charge for the storage of these cells, which can be discussed with either of the associations listed below. Do an online search for cord blood banks if you're interested in saving your newborn's cord blood.

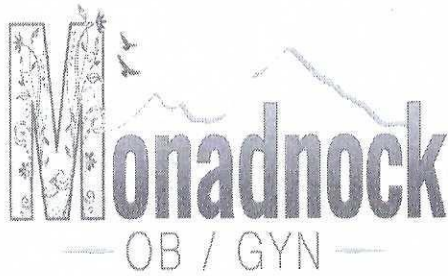
Cord blood unfortunately cannot be donated at Monadnock Community Hospital.

If you would like additional information, please contact:

The New England Cord Blood Bank
1-888-700-CORD
cordbloodbank.com

- or -

The Cord Blood Registry
1-888-267-3256
www.cordblood.com



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OBSTETRIC SONOGRAMS (ULTRASOUNDS)

An ultrasound exam, also known as a sonogram, uses sound waves to examine the internal structures and organs of the body. This is a painless procedure and does not use x-ray or other radiation. Ultrasound is used in obstetrics to examine the growing fetus inside the mother's uterus. Being able to evaluate the pregnancy in this way is especially important if the provider suspects that the fetus is growing abnormally. The provider can then attempt to reduce the risks to you and your baby. Occasionally, a vaginal (internal) ultrasound is required for additional information. Often times this is needed in very early pregnancies and when evaluating a low placenta.

Ultrasound can provide valuable information about the fetus's health and well-being including:

- Age of the fetus
- Rate of growth of the fetus
- Placement of the placenta
- Fetal position
- Amount of amniotic fluid
- Number of fetuses
- Some birth defects

We strongly believe that a screening sonogram between 18 and 22 weeks of gestation is a useful test that helps us ascertain fetal growth and rule out many abnormalities. We offer ultrasounds to all obstetrical patients.

Some other indications for additional ultrasounds include: high blood pressure, diabetes, post term pregnancy, multiple pregnancy and bleeding with pregnancy.

A Biophysical profile (BPP) test assesses fetal well-being by using ultrasound. The test measures fetal breathing movements, movement, muscle tone and amniotic fluid volume. BPP's are performed during the 3rd trimester and also when the patients are past their due dates.

Not all insurance carriers cover routine screening sonograms. If you elect to have this test performed and this places you with a financial burden, please see our office manager, Christine Merrill.

If you have any questions directly related to the safety, use or indications for fetal sonograms, feel free to speak to our sonographer or providers.

Please call the office to schedule these tests. Our office hours are Monday-Thursday 8:30-5:00pm and Friday 8:30-3:00pm

Genetic Carrier Testing

What is carrier screening?

Carrier screening is a type of genetic test that can tell you whether you carry a gene for certain genetic disorders. A gene is a part of your DNA and can be passed from parent to child. Carrier screening involves testing the blood, saliva, or tissue from the inside of the cheek. Results are either positive (you have the gene) or negative (you do not have the gene). An individual who tests positive for one gene, will be called a carrier. These individuals often do not know that they have a gene for a disorder because they do not usually have symptoms or have only mild symptoms.

When can carrier screening be done?

Screening is completely optional and can be done at any point. Some people decide to complete testing prior to pregnancy or during pregnancy.

What carrier screening tests are available?

Screening tests are available for a limited number of diseases. Some disorders occur more often in certain races or ethnic groups, but anyone can have one of these disorders.

Please refer to the following list of disorders below:

Cystic Fibrosis: CPT Code- 81220

An inherited disorder in which the lungs and the digestive system become clogged with mucus. This condition often shortens an affected person's lifespan. This disease is common in Caucasians.

Spinal Muscular Atrophy (SMA): CPT Code- 81329

An inherited neuromuscular disorder that affects motor neurons and the spinal cord causing progressive muscle degeneration and weakness.

Fragile X Syndrome: CPT Code- 81243

An inherited condition which affects the X-chromosome and leads to various developmental problems like intellectual disabilities and cognitive impairment.

Tay-Sachs Disease: CPT Code 81255

An inherited metabolic disorder which shows a progressive deterioration of mental and physical abilities due to nerve damage in the brain and spinal cord. This disease is more common in people of Eastern or Central European Jewish, French Canadian, and Cajun descent.

Sickle Cell Disease: CPT Code 83021

An inherited blood disorder where red blood cells become sickle/crescent shaped. This disease is more common in those of African American descent.

Alpha and Beta Thalassemia: CPT Code 82728

An inherited blood disorder characterized by the formation of abnormal forms of hemoglobin. This can result in anemia, bone deformities, and can be life threatening. Alpha thalassemia is more common in people of Southeast Asia, Middle Eastern, and African American descent. Beta thalassemia is more common in people of Mediterranean descent. It can also be seen in Asian and African American descent, but to a lesser extent.

Maternal Alpha Fetal Protein (AFP): CPT Code 82105

(Neural Tube defects) – Screens for Spina Bifida and brain malformations- (Blood test targeted between 15 and 19 weeks of pregnancy)

Quad Screening: CPT code 81511

Screens for neural tube defects as well as Trisomies 18 and 21 (Blood test targeted between 15 and 19 weeks of pregnancy)

Q-Natal Chromosomal screen: CPT Code 81420

Screens for Trisomies 21, 18 and 13 (Blood test targeted from 10 weeks and beyond in pregnancy)

What are the recommendations for screening and what are the options?

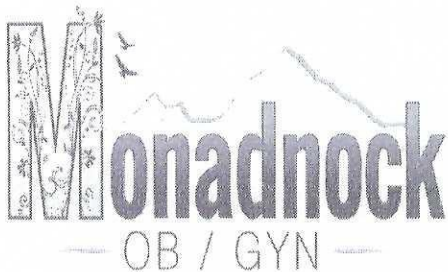
There are different ways to approach carrier testing. Targeted carrier screening is based on your ethnicity or family history. Expanded carrier screening tests for many different disorders regardless of race or ethnicity. Companies that offer expanded carrier screening create their own lists of disorders that they test for called a panel. Some panels can screen for over 100 different disorders. Before testing, consult with your ob-gyn to discuss the benefits and limitations of each screening approach. The American College of Obstetrics and Gynecology recommends that all women who are thinking about becoming pregnant or who are already pregnant should be offered carrier screening for Cystic Fibrosis, Spinal Muscular Atrophy (SMA), and hemoglobinopathies.

What choices do I have if my partner and I are both carriers?

If you have completed carrier screening prior to becoming pregnant, you have several options. You can become pregnant and have prenatal diagnostic tests of the fetus during the pregnancy. These tests include Chorionic Villus Sampling (CVS) and Amniocentesis. You can choose to complete IVF as this option will allow the embryo to be tested for the disorder prior to being transferred into the uterus. If you have carrier screening during pregnancy, options are more limited. You will be advised to meet with a genetic counselor to explain your risks of having a child with the disorder and be offered diagnostic testing of the fetus.

What you should know:

Your insurance company may or may not cover these tests. Please be sure to call your insurance company to inquire about the testing options and potential costs. You can refer to the CPT codes above when checking with your insurance company. Remember screening is recommended, but always optional.



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 Heather L. Arel, MSN, APRN

Pregnancy Questionnaire

Patient name: _____

DOB: _____

Please carefully answer the following questions and bring them along with you to your first obstetrical visit. Your answers may help identify complications with your pregnancy and/or indicate special tests necessary to evaluate your health or that of your unborn baby. Your honest and thorough responses will assist the obstetricians at Monadnock OB/Gyn as they seek to improve your medical care.

Family History and Genetic screening

1. Certain genetic diseases are more common in certain ethnic groups. Please check if you or the baby's father is one of these ethnic groups.

European Ancestry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, have you had cystic fibrosis screening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mediterranean or Southeast Asian Ancestry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, have you had screening for inherited forms of anemia such as thalassemia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eastern European Jewish Ancestry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
French Canadian Ancestry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, have you had Tay-Sachs screening tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, have you had a Canavan screening test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
African American	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, have you had sickle cell screening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Have you or the baby's father had a child born with a birth defect? Yes No

If yes, please describe: _____

3. Did either you or the baby's father have a birth defect? Yes No

If yes, please describe: _____

4. Please describe in detail any abnormalities that have occurred in children of your family or the baby's father's family (i.e. birth defects, deformities; autism or other intellectual developmental disorders; inherited diseases such as hemophilia, spina bifida, muscular dystrophy, cystic fibrosis or fragile X syndrome, etc.):

5. Describe any concerns you may have about birth defects or inherited disorders?

6. Will you be 35 years or older at the time the baby is born? Yes No

7. Will the father be 50 years or older at the time the baby is born? Yes No

8. Are you and the baby's father related to each other (i.e., cousins)? Yes No

9. Have you had three or more pregnancies that ended in miscarriages? Yes No

10. Have you had a rash or a temperature of 103 or greater at any time during the first two months of your pregnancy? Yes No

11. Do you own a cat? Yes No

If yes, does your cat use a litter box? Yes No

12. Have you used any hot tubs, saunas, or steam baths during this pregnancy? Yes No

13. Do you have a history of a second trimester miscarriage or an incompetent cervix? Yes No

14. Have you had problems with preterm labor during a previous pregnancy? Yes No

15. Have you or the baby's father had a stillborn baby or a baby who died around the time of delivery? Yes No

16. Have you been treated for infertility? Yes No

If so, please list all treatments:

17. Do you have any known abnormality or anomaly of your uterus? Yes No

18. If you were born before 1971, did your mother use DES when she was pregnant with you?
 Yes No

19. Do you and/or the baby's father have a history of herpes? Yes No

If so, how often do you have outbreaks/year? _____

Would you want virus suppression therapy at 36 weeks? Yes No

20. Do you have a history of venereal disease; such as gonorrhea, chlamydia or HIV?
 Yes No

21. Have you had any abnormal pap smears? Yes No

If so, when (dates): _____

22. Have you had a surgical procedure on your cervix such as a LEEP, LASER, or cone biopsy?
 Yes No

23. Have you had any X-Rays during this pregnancy? Yes No

24. Do you have a history of hepatitis, jaundice or liver disease? Yes No

25. Have you used cocaine, marijuana, heroin during this pregnancy? Yes No

26. Have you used alcohol during this pregnancy? Yes No

If so, how many drinks per day? _____

Date stopped: _____

27. Have you ever sought and/or received treatment for alcohol or drugs? Yes No

28. Do you smoke cigarettes? Yes No
If so, how many packs per day? _____

29. Do you believe you have been exposed to any chemicals of concern, in a household, occupation, or elsewhere (i.e. lead-based paint, lead or mercury contaminated drinking water, etc.)?
 Yes No

If so, what chemical(s) and from what source(s)?

30. Do you have any religious objections to any form of medical treatment (i.e. blood transfusions)?
 Yes No

31. Do you or any family member have a history of problems with anesthesia?
 Yes No

32. Do you have any allergic reactions associated with latex?
 Yes No

33. Have you had or been vaccinated to chicken pox?
 Yes No

34. I am aware of the risks to myself and my baby of using alcohol, illicit, or recreational drugs and smoking during pregnancy.

Please initial: _____

35. Please list all medications taken since your last menstrual period including prescription, over-the-counter and herbal medications:

Please list any surgical procedures that you have had:

Please list any concerns that you may have:

Patient Signature

Date

Provider Initials

Monadnock OB-GYN Associates PA
Patient Registration

Patient's Name: _____ Maiden Name: _____ Date of birth: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Marital Status: S M D W Social Security Number _____

Mailing Address:

May we contact you at the above listed contact information? _____ YES _____ NO

Ethnicity- Hispanic or Latino _____ Not Hispanic or Latino _____ Race _____ Declined to disclose race _____

Primary Language _____

Name of Patient's Employer: _____

Name of Spouse Employer _____

Address _____

Address _____

Telephone _____ Patient Occupation _____

Telephone _____

Name of Spouse: _____

Spouse DOB _____ Spouse SS# _____

Name of Person Responsible for bill (after insurance) _____

Address _____

Relation _____ Phone # _____

Referred by _____

PCP name (if different) _____ MD

Address of PCP _____

Phone _____

Emergency Contact _____

Relationship _____

Address _____

Phone _____

Primary Medical Insurance Information

Secondary Medical Insurance Information

Insurance Name _____

Insurance Name _____

Subscriber _____ DOB _____

Subscriber _____ DOB _____

Group # _____ Effective Date _____

Group # _____ Effective Date _____

ID # _____

ID # _____

I hereby authorize payment directly to Monadnock OB-GYN, of the insurance benefits otherwise payable to me. I understand that I am financially responsible for all charges not covered by my insurance, including those resulting from my failure to obtain the necessary referrals and/or authorizations from my primary care physician and/or referring physician when required. I also authorize release of any information relating to my medical claim. My signature also allows Monadnock OB-GYN physicians and/or staff to speak with the person(s) I designate re: medical condition, filling, appointments, test results, or to return a call to the office.

Permission to leave messages on unattended devices (i.e. answering devices/voice mail)

Permission to release correspondence, medical samples, prescriptions to family/friends with proper identification.

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Signature of patient or authorized representative

Date

PLEASE ANSWER THE FOLLOWING TO THE BEST OF YOUR ABILITY

NAME: _____ Age: _____ DOB: _____ Today's Date _____

Primary Care Physician _____ Referred by: _____ Preferred Pharmacy: _____

REASON FOR VISIT: _____

Use back of form if additional space needed

1. MEDICAL PROBLEMS NONE EXPLAIN IF ANY:
PAST AND PRESENT: 1. _____

2. ALL SURGERIES NONE
(INCLUDE ANESTHESIA 2. _____
PROBLEMS)

3. MEDICATIONS NONE
INCLUDE NON-PRESCRIPTION 3. _____
VITS. HERBS

4. ALLERGIES TO MEDICINE NONE
OR LATEX 4. _____

MENSTRUAL HISTORY: Age of first menses _____ Interval (from day 1 of bleed to day 1 of next cycle) _____
of days of flow _____ Severity of cramps (1-10, 10 being worst) _____ Age at menopause _____

Do you have:	YES	NO	IF YES, EXPLAIN
Problems with periods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bleeding since Menopause	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vaginal Itch/Discharge	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pain/Bleeding with Intercourse	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breast Lump/Nipple Discharge	<input type="checkbox"/>	<input type="checkbox"/>	_____
Problems with Urination	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you or your partner use Contraception	<input type="checkbox"/>	<input type="checkbox"/>	_____
History of Herpes, HPV, Hepatitis, Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chlamydia, Gonorrhea, PID, other	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever received a blood transfusion	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pap: <input type="checkbox"/> All Normal <input type="checkbox"/> Any Abnormal -if yes, explain:			_____
Mammogram: <input type="checkbox"/> All Normal <input type="checkbox"/> Any Abnormal -if yes, explain:			_____
			Year of last _____
			Year of last _____

OBSTETRICAL: (Please provide the number of...)
Total Pregnancies _____ Miscarriages/Terminations _____ Live Births _____ Preterm (<38 weeks) _____
Still Births (after 7 months) _____ Cesarean Sections _____ Living Children _____ Ectopic _____
(Tubal pregnancy)

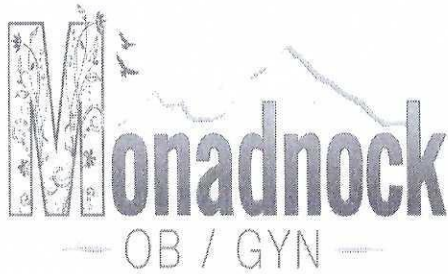
FAMILY HISTORY: (Has anyone in your family had...)
Breast Cancer Yes No _____ Relative _____
Ovarian Cancer _____
Uterine Cancer _____
Cervical Cancer _____
Colon Cancer _____
Other Cancer _____
Hereditary Diseases _____
High Blood Pressure Yes No _____ Relative _____
Diabetes _____
Stroke _____
High Cholesterol _____
Osteoporosis _____
Thyroid Disease _____
Infertility _____

SOCIAL: Yes No
Smoking _____ Packs/Day
Alcohol _____ Drinks/Day
Caffeine _____ Cups/Day
Cocaine, Marijuana, Heroin _____ Other _____
Seat Belt Use _____
Violence in Home _____ If yes, Explain _____
Occupation: _____
Marital Status: Single Married Living with partner
Have you had sex with: Men Women Both
Number of lifetime sexual partners _____

Medical History Summary Completed/Updated

OFFICE USE ONLY

Initials: _____ Date: _____ Initials: _____ Date: _____
Initials: _____ Date: _____ Initials: _____ Date: _____
Initials: _____ Date: _____ Initials: _____ Date: _____



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Dear expectant mom:

In order to assess what additional services you might need, please complete the following form. This form will determine what additional services might be available to you and your family. Be assured, this information is confidential and our only purpose is to help you be prepared for the birth of your child. Please check all that apply:

1. Do you currently need any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Shower/bath tub |
| <input type="checkbox"/> Indoor plumbing | <input type="checkbox"/> Phone |
| <input type="checkbox"/> Heat | <input type="checkbox"/> Access to a phone |
| <input type="checkbox"/> Electricity | |

2. Do you have any language concerns?

- Yes
- No.
- Require a translator

3. Are you currently seeing a mental health practitioner (i.e. counselor, psychologist, psychiatrist, etc.)?

- Yes
- No

4. Do you currently have any thoughts/feelings of:

- Sadness/depression
- Hopelessness
- Suicide
- Anxiety
- Other – please explain:

5. Do you feel safe?

- Yes
- No

If no, are you in immediate danger? _____

6. Do you have any financial concerns?

No

Yes

If yes do you need?

Food

Baby essentials (i.e. diapers, furniture, car seat, etc.)

Transportation

7. Do you have support at home?

Yes

No

8. Will you have support during labor?

Yes

No

9. Do you have any other concerns?

10. Would you like to speak with someone regarding community support (for you and/or the baby) in areas related to:

a. Health Insurance:

Yes

No

b. WIC

Yes

No

c. Parenting education and support

Yes

No

d. Smoking Cessation

Yes

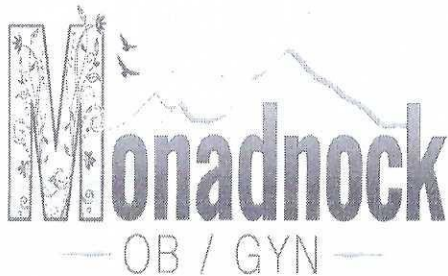
No

I, _____, authorize Monadnock OB Gyn to share information with the birthing center and others as needed to effectively provide for my care.

Signature _____ Date _____

Phone _____ DOB _____

Referred to Home Health Care (circle one): Yes No Declined



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PATIENT FINANCIAL POLICY

At Monadnock OB-GYN Associates, we are dedicated to providing the best possible care for our patients. We believe that an important part of providing quality healthcare is establishing clear patient financial policies. Please review these policies carefully. If you have any questions, our Billing Office staff can be reached at 603-924-3088. **Please note: Our office is separate from Monadnock Hospital's billing services and payments. All billing inquiries should be made to our office directly.**

PAYMENT – Payment in full is expected at the time of your visit. We will accept cash, check, or credit cards. Payments include any copayments, unmet deductibles, coinsurance or services not covered by your insurance. If you do not have insurance coverage, payment in full is expected at the time of your visit. **By signing below, you authorize us to contact you regarding payment using the home phone and cell phone provided, including leaving messages on unattended devices, such as an answering machine or voicemail, as well as contacting you via text or SMS messaging, and by the email you provided.**

INSURANCE – Monadnock OB-GYN participates with numerous health plans. We file claims to all health plans on your behalf but since your insurance is a contract between you and your health plan, **you are ultimately responsible for payment.** As a courtesy, Monadnock OB-GYN verifies coverage for certain benefits with participating health plans. **Verification of benefits by Monadnock OB-GYN is not a guarantee of coverage or payment. It is advisable for you to personally verify coverage for your services with your health plan.** If your health plan determines that a service is "not covered", you will be responsible for the complete charge. If your insurance requires a written referral to be seen by our practice, you need to come prepared with the appropriate referral. Understand that we must stay within the guidelines of the referral when providing your care. We will ask you to reschedule your appointment if a referral is not provided.

OUTSIDE LABORATORY

We send the majority of blood work and pathology samples to Quest Diagnostic and Monadnock Community Hospital. This will generate a separate bill.

CANCELLATION OR MISSED APPOINTMENTS – In order to serve all of our patients Monadnock OB-GYN requires at least 24 hours advance notice for cancelled appointments. If you do not cancel your appointment at least 24 hours prior to missing an appointment, you may be subject to a \$50 missed appointment fee.

RETURNED CHECKS – A \$25.00 service charge will be applied for returned checks. You will be asked to bring cash, certified funds or a money order to cover the amount of the check, plus the \$25.00 service charge prior to receiving any further services from our Practice.

COLLECTION – In the event your account is placed in a collection status, any additional fees incurred due to this process will be added to your outstanding balance. This includes but is not limited to collections agency fees, attorney fees, court costs, interest and fines. **The authorizations you have given us to contact you regarding payment are extended to any collection agency, attorney, or third party we may use to collect payment from you on our behalf.**

I hereby authorize payment directly to Monadnock OB-GYN, of the insurance benefits otherwise payable to me. I understand that I am financially responsible for all charges not covered by my insurance, including those resulting from my failure to obtain the necessary referrals and/or authorizations from my primary care physician and/or referring physician when required. I also authorize release of any information relating to my medical claim. My signature also allows Monadnock OB-GYN physicians and/or staff to speak with the person(s) I designate re: medical condition, billing, appointments, test results, or to return a call to the office.

- Permission to leave messages on unattended devices (i.e. answering devices/voice mail)
- Permission to release correspondence, medical samples, prescriptions to family/friends with proper identification.

Name _____ Relation _____

Home Phone: _____ Cell Phone: _____

I have read and understand Monadnock OB-GYN's Patient Financial Policy, as above, and agree to be bound by these terms; I also understand and agree that these terms may be amended by the Practice from time to time.

Signature of Patient (or Guarantor, if Applicable)

Date

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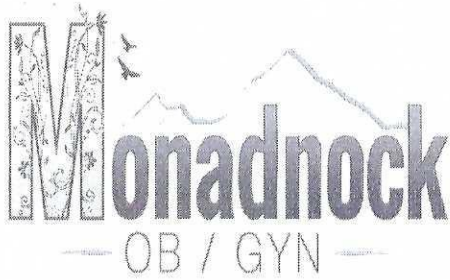
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Heather L. Arel, MSN, APRN

No Show Policy

Our office requires a 24 hour notice to cancel or reschedule an appointment. At Monadnock OB-GYN Associates, we make every effort to schedule your appointment in a timely fashion, while ensuring the appointment length allows time for you to discuss your medical concerns with your provider. A last minute cancellation or missed appointment not only delays your care, but also prevents us from rescheduling another patient who could have been seen at that time.

We do understand that sometimes unforeseen emergency situations arise; however, we ask that you provide us with the courtesy of canceling or rescheduling your appointment at least 24 hours prior to your scheduled appointment.

Please be aware that you may be charged \$50 for each appointment that is missed or rescheduled with less than 24 hour notice. If you have more than two last minute rescheduled or missed appointments you may be discharged from our practice.

Thank you for your attention to this matter.

Arrival Policy

We ask patients to arrive 15 minutes prior to the scheduled appointment time. This allows us to check you into the system and verify your information prior to your appointment with the provider.

Late Policy

If you arrive 10 minutes late for your appointment there is a possibility your appointment may be rescheduled. This will be done in order to keep the appointments following running on time.



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HIPAA Notice of Privacy Practices

Effective Date: August/2013

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.

If you have any questions about this notice, please contact a member of our office staff 603-924-9444.

OUR OBLIGATIONS:

We are required by law to:

Maintain the privacy of protected health information

Give you this notice of our legal duties and privacy practices regarding health information about you

Follow the terms of our notice that is currently in effect

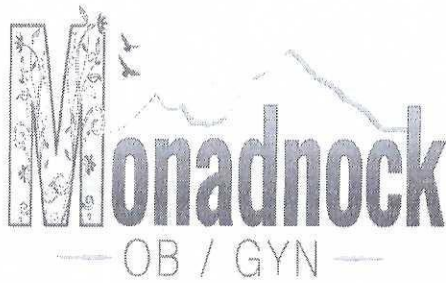
HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share



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information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

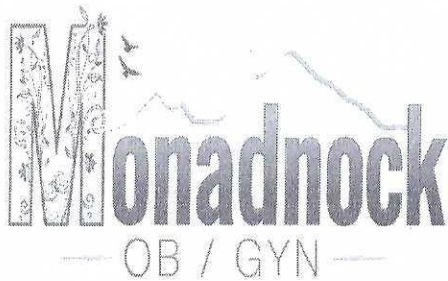
As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.



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Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

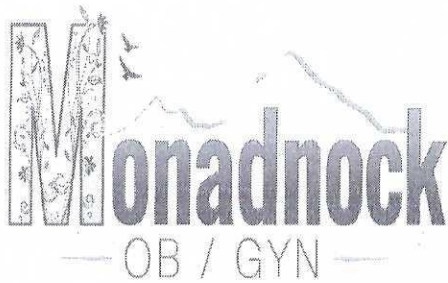
Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law



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enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

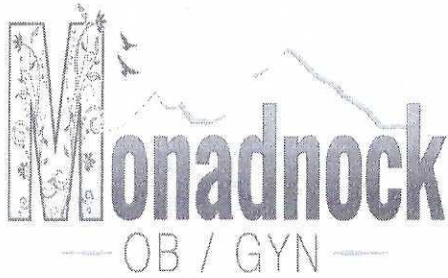
1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Monadnock OB GYN Associates PA. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.



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Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

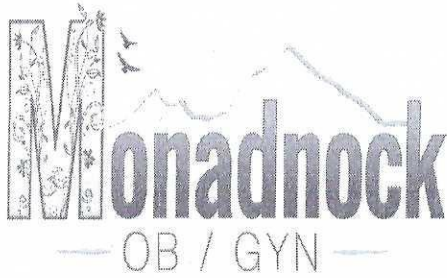
Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Monadnock OB GYN Associates, PA.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Monadnock OB GYN Associates, PA.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Monadnock OB GYN Associates, PA. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request,



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in writing, to Monadnock OB GYN Associates, PA. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

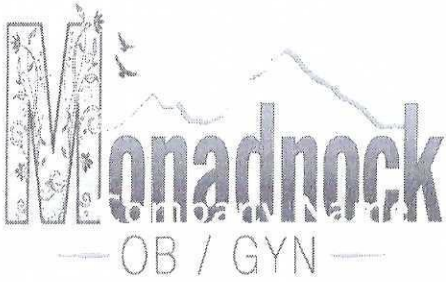
Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.monadnockobgyn.com. To obtain a paper copy of this notice, Monadnock OB GYN Associates, PA.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the current privacy officer or office manager. All complaints must be made in writing. **You will not be penalized for filing a complaint.**



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Receipt of Notice of Privacy Practices Written Acknowledgement Form

I, _____
Patient Name

_____ I have received a copy of Monadnock OB-GYN, Associates Notice of Privacy Practices

_____ I have declined a copy of Monadnock OB-GYN, Associates Notice of Privacy Practices

Signature of Patient

Date

Signature of Witness

Date

*THIS PAGE MUST BE SIGNED AND RETURNED AT THE TIME OF YOUR APPOINTMENT.

*This form may be view at www.monadnockobgyn.com