Holy Family
BIRTH CENTER
Birth as it was intended

Name:_____
DOB: _____

Removal of Placenta from HFBC

I, _____ (print name of patient), hereby acknowledge that my placenta will be removed from Holy Family Birth Center (HFBC).

- I desire to remove my placenta from HFBC upon my discharge.
- I understand no test can completely ensure the absence of infectious diseases in the placenta, and I accept any risk of infection to myself and others who handle this placenta.
- I understand there are local, state, and federal laws pertaining to custody, disposal or burial of body parts or tissues for the safety of the environment and other persons who may come into contact with my body part/tissues/fluids. I hereby agree to be responsible for researching, learning, and complying with those laws.
- The facility may need to store my placenta in a temperature-controlled environment until my discharge.
- The facility will also provide my placenta an appropriate container, however, cannot guarantee the containment of any body fluids so I understand I am responsible to handle my placenta in a manner to avoid exposure of the environment or other persons to my body fluids.
- I am taking my placenta for personal use only.

_____ _____
Mother's Signature **Date**

_____ _____
CNM Signature **Date**