



Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting Form

Business and Professions Code section 2510 requires a hospital to report each transfer by a licensed midwife of a planned out-of-hospital birth to the Medical Board of California and the California Maternal Quality Care Collaborative. **The hospital** must complete this form and **submit as follows:**

- **Send** the full completed form to: Medical Board of California, Attn: Enforcement Program, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815 **or fax** to (916) 263-2435; **and**
- **Send a copy of page one only** to: California Maternal Quality Care Collaborative, Medical School Office Building, 1265 Welch Road, MS 5415, Stanford, CA 94305 **or fax** to (650) 721-5751.

HOSPITAL AND ADMISSION INFORMATION

Hospital Name:	
Hospital Address:	
Date of Admission:	Time of Admission:
Name of Healthcare Provider Assuming Care: (First, Middle, Last)	License Type and Number:

Person(s) Admitted: Pregnant Mother Delivered Mother Newborn(s)

Patient Pre-Registered* at this Hospital: Yes No Patient was Pre-Registered at Another Hospital

Name of Other Hospital:

*Pre-Registered means the mother had been previously registered at the hospital for possible delivery.

TRANSPORT/TRANSFER INFORMATION

Reason for transfer:	
Name of Licensed Midwife Treating Patient Prior to Transfer: (First, Middle, Last)	License Number:

Did a licensed midwife call in to report transfer? Yes No

Did a licensed midwife arrive with patient? Yes No

Did a licensed midwife provide hospital with medical records, including prenatal records? Yes No

Did a licensed midwife speak with and provide a report to a physician Yes (provide name and license below)
regarding care up to the point of transfer? No (provide reason below)

If yes, name of physician the information was provided to by the licensed midwife: (First, Middle, Last)	License Number:
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If no, reason no report was given:

Physician Unavailable Licensed Midwife Unavailable Other (describe below):

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Note: Under the federal Health Insurance Portability and Accountability Act ("HIPAA") the Medical Board of California is deemed a "health oversight agency" (see 45 CFR 501). The disclosure of patient identification information is required for official use, including investigation and possible administrative proceedings regarding any violations of the laws of the State of California.

Patient Name: (First, Middle, Last)	Patient Date of Birth (MM/DD/YYYY)
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**THIS PAGE SHOULD ONLY BE SUBMITTED TO THE
MEDICAL BOARD OF CALIFORNIA**

**DO NOT SUBMIT THIS PAGE TO THE
CALIFORNIA MATERNAL QUALITY CARE COLLABORATIVE**

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