

Healthy Beginnings Plus Letter of Agreement

The Healthy Beginnings Plus (HBP) program wants to help you be healthy. HBP also wants to help you have a healthy baby. With HBP, a nurse will help you to get the services you and your baby need to stay healthy.

The HBP program provides more services than medical care. The Care Coordinator can help you:

- Learn about eating right
- Locate classes to care for yourself while you are pregnant
- Find exercise classes in your area
- Address problems that are affecting your social or emotional health

In order to receive the best care possible you should:

- Keep all of your appointments
- Follow the instructions of your health care team
- Talk to your doctor or nurse about any problems or concerns
- Let your doctor's office know if your address or phone number changes

		thin the HBP program. I choose to join the HBP program rith any other doctor without discussing the change with	
	NO, I do not wish to participate at this time. I am aware that I may choose to participate in the HBP program at any time during my pregnancy.		
Both	the Care Coordinator at the clinic and t	he patient must sign this letter.	
Recipier	nt Name (Please Print)	Care Coordinator Name (Please Print)	
Recipier	nt Signature and Date	Care Coordinator Signature and Date	
Recipient Identification Number		Providers 13-digit MAID Number	
Recipier	nt Phone Number	Provider Phone Number	
For	internal use only:		
Date received:		Date entered:	
Initi	als of person completing date entry:		