



Date: _____

CPSP INFORMED CONSENT

Comprehensive Perinatal Services Program (CPSP) is a Medi-Cal program whose goal is to have pregnant women get into care early and keep them in care. The result is healthier mothers, healthier babies.

CPSP is a voluntary program and provides client centered care that includes **obstetrical services**, specific **nutritional, health education** and **psychosocial services**. This is a program that the State of California has provided for all Medi-Cal recipients and managed care (IEHP and Molina) members.

I _____ agree that CPSP has been explained to me and I have been oriented to all aspects of my care under the Medi-Cal Comprehensive Perinatal Services Program (CPSP).

I understand what services to expect, what is expected of me, and who will be rendering the services described to me.

The services will be provided by _____.
Provider's Name

- I hereby give my consent to participate in the CPSP Program.
- I hereby decline my consent to participate in the CPSP Program

Client (Print Name)

Signature

Witness (Print Name)

Signature