Hello Baby Consent Form

Patient Name: _____

Date: _____

Estimated Due Date: _____

Purpose of the Ultrasound

I understand that my Hello Baby ultrasound session is an elective, non-diagnostic procedure performed solely to provide images and video of my unborn baby for bonding and keepsake purposes.

This session is not intended to replace or supplement any medical or diagnostic ultrasound ordered by my healthcare provider.

Medical Disclaimer

I acknowledge and understand that:

- The technologist performing this session is not acting as a medical professional and cannot interpret, diagnose, or evaluate fetal health, well-being, or development.
- This ultrasound does not assess fetal abnormalities, gender accuracy, growth, position, or any medical condition.
- I should continue to receive regular prenatal care from a qualified healthcare provider.
- If any concerns arise during the session, I will be referred to my medical provider. If you are a patient of The Group, you will be contacted no later than next day.

Session Information

I understand that image quality and clarity depend on several factors, including fetal position, maternal body type, baby's movement, and amniotic fluid levels.

Hello Baby cannot guarantee specific images, poses, or results.

I consent to the use of ultrasound gel on my abdomen during the session.

Recording and Privacy

I authorize Hello Baby to provide me with digital and/or printed images or video recordings from this session.

I understand that Hello Baby may, with my consent, use select images or clips for marketing, promotional, or social media purposes.

☐ Yes, I consent to image use for marketing.

☐ No, I do not consent.

Release of Liability

I hereby release and hold harmless Hello Baby, its owners, employees, and agents from any and all claims, damages, or liability arising from this elective ultrasound session.

I confirm that I have read and fully understand this consent form and that all of my questions have been answered to my satisfaction.

Patient Signature: _____

Date: _____

Sonographer Signature: _____

Date: _____

Internal Use Only

Patient ID: _____