

High Risk Perinatal Program (HRPP)/Newborn Intensive Care Program (NICP)

Decline Participation Form

Written information about the HRPP/NICP has been offered to you for your eligible infant. At this time, you are choosing to **not** participate in the program. Financial assistance from the HRPP/NICP will not be provided and your infant will not be referred for Community Health Nursing follow-up. Your decision to not participate in HRPP/NICP will not impact the medical care your infant receives while in the hospital. The medical care will be the same whether or not you participate in the HRPP/NICP.

If you change your mind and want to enroll your child in the HRPP/NICP, you must request this change within 30 days from the birth of your eligible infant. If you do change your mind and want to enroll, please contact the hospital representative listed below:

Contracted Hospital: _____

NICP Hospital Representative: _____

Telephone Number: _____

I understand that by signing this form that I am choosing not to participate in the HRPP/NICP, but have 30 days from the birth of my eligible infant to enroll.

Infant Name: _____ Date of Birth: _____

Parent Name: _____

Parent Signature: _____

Date of Signature: _____

This form must be filled out, signed and a copy given to any eligible infant's parent/guardian if they are choosing not to participate in the HRPP/NICP.