OPOP STATEMENT OF UNDERSTANDING

NORTH DAKOTA DEPARTMENT OF HEALTH
OPTIMAL PREGNANCY OUTCOME PROGRAM
SFN 51259 (Rev. 9-2015)

I understand that participation in the Optimal Pregnancy Outcome Program (OPOP) is voluntary. The purpose of the program is to help me make healthy lifestyle choices for a healthy baby.

I understand that nursing, nutritional, and social work services that I receive through OPOP are in addition to prenatal care by a doctor and do not replace doctor visits.

As an OPOP participant, I agree to:

1. Attend OPOP visits as recommended and scheduled.
2. If I cannot come to an OPOP visit, I agree to notify the OPOP staff to cancel and reschedule the visit.
3. See a doctor regularly during my pregnancy.

Notes:

OPOP Client Signature	Date
Witness Signature	Date