

CONSENT FORM

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS

CONSENT TO STERILIZATION

STATE OF PERSON OBTAINING CONSENT

I have asked for and received information about sterilization from _____ When I first asked for _____
(doctor or clinic)

the information I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____ The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on _____
Month Day Year

I, _____, hereby consent of my own free will to be sterilized by _____

doctor _____ by a method called _____. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health, Education, and Welfare or Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Signature Date _____
Month Day Year

Your are requested to supply the following information, but it is not required:

Race and ethnicity designation (please check)

- American Indian or Alaska Native
- Black (not of Hispanic origin)
- Asian or Pacific Islander
- White (not of Hispanic origin)

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief, he/she understood this explanation.

Interpreter Date

Before _____ signed the consent form, I explained to him/her the nature of the sterilization operation _____, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

Signature of person obtaining consent Date

Facility

Address

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon _____ on _____, I

name of individual to be sterilized _____ Date of sterilization. explained to him/her the nature of the sterilization operation _____, the fact that it is intended to be a final and

specify type of operation _____ irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and believe, the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in formation requested):

- Premature delivery
- Individual's expected date of delivery
- Emergency abdominal surgery

(describe circumstances): _____

Physician

Date

INSTRUCTIONS FOR COMPLETING STERILIZATION FORM

Section 1- Consent to Sterilization

1. Print name of physician or facility.
2. Print name or standard initials of planned surgical procedure.
3. Print Patient's date of birth.
4. Print Patients full name.
5. Print name of physician or physician group name.
6. Print name or standard initials of planned surgical procedure.
7. Have patient sign full name.
8. Have patient enter the date on which the patient signs the form.

Section 2- Interpreters Statement-if appropriate

9. Insert the language used.(ex. Vietnamese, French, Spanish)
10. Interpreter must sign full name.
11. Interpreter must enter the date on which the form was signed. This must be the same as the date the patient signed.

Section 3- Statement of Person Obtaining Consent

12. Print the full name of the person to be sterilized.
13. Give name or standard initials of planned surgical procedure.
14. Signature of person who obtained patient's consent.
15. Date of that signature.
16. Insert the name of the facility or office where consent was obtained.
17. Insert facility or office address, of that facility /office.

Section 4 - Physician's Statement

18. Print the full name of the person to be sterilized.
19. Insert the date sterilization procedure was performed.(Date of surgery)
20. Print name or standard initials of the surgical procedure performed,
21. If surgery was done 30 days or less from the date of the patient's signature, premature delivery or emergency abdominal surgery must be indicated:
 - a.) If premature delivery is indicated, the box for the individual's expected date of delivery must also be checked, and the expected date of delivery (due date) must be furnished.
 - b.) If emergency abdominal surgery, check the appropriate box and attach history and operative notes.
22. Signature of physician who performed the operation.
23. Date that this physician signed this consent.