Informed Consent to Receive Family Planning Services and Contraceptive Supplies

(Minor and Adult)

NAME OF PATIENT: _____

DATE: _____ DATE OF BIRTH: _____

Before you give your consent, be sure you understand the information given below. If you have any questions, we will be happy to talk about them to you. You may ask for a copy of this form.

I have been given information about the test(s), treatment(s), procedure(s), and contraceptive method(s) to be provided, including the benefits, risks, possible problems/complications and alternative choices.

Contraceptive Method: _____

Method Specific Information Sheet provided and discussed with provider.

I understand that I should ask questions about anything I do not understand. I understand that a provider is available to answer any questions I may have.

No guarantee has been given to me as to the results that may be obtained from any services I receive. I know that it is my choice whether or not to have services. I know that at any time, I can change my mind about receiving family planning services at:

_____

I understand that if my tests for certain sexually transmitted infections are positive, reporting of positive results to public health agencies is required by law.

I will be given referrals for further diagnosis or treatment if necessary. I understand that if a referral is needed, I will assume responsibility for obtaining and paying for this care. I have been told how to get care in case of an emergency.

I understand that confidentiality will be maintained as much as possible. I give permission for any and all information to be released to my insurance company if they request it for payment of services.

I hearby request that a person authorized by _____
provide appropriate evaluation, testing, and treatment (including a birth control drug or device, if I request it).

Return to clinic for follow-up in _____ weeks/months

(circle one)

Signature of Patient _____ Date _____

I witness the fact that the patient received the above mentioned information and said she/he read and understood same and had the opportunity to ask questions.

Signature of Witness _____ Date _____