## D.43 Sterilization Consent Form (English)

consent. I have also read him/her the consent form in YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL language and explained its contents to him/ NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY her. To the best of my knowledge and belief he/she understood BENEFITS PROVIDED PROGRAMS OR PROJECTS RECEIVING this explanation. Signature of the interpreter: \_\_ FEDERAL FUNDS Date: CLIENT MEDICAID/FAMILY PLANNING NUMBER STATEMENT OF PERSON OBTAINING CONSENT /\_/\_/\_/\_/\_/\_/\_/\_/ Before. (name of individual) signed this consent form, I explained to him/her the nature of the CONSENT TO STERILIZATION sterilization operation (individual's full name) 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 (individual's address) have asked for and received information of birth control are available which are temporary. I explained that about sterilization from\_\_\_ sterilization is different because it is permanent. I informed the (doctor or clinic). individual to be sterilized that his/her consent can be withdrawn When I first asked for the information, I was told that the decision at any time and that he/she will not lose any health services or to be sterilized was completely up to me. I was told that I could benefits provided by Federal funds. To the best of my knowledge decide not to be sterilized. If I decide not to be sterilized, my and belief the individual to be sterilized is at least 21 years old decision will not affect my right to future care or treatment. I will and appears mentally competent. He/she knowingly and not lose any help or benefits from programs receiving Federal voluntarily requested to be sterilized and appears to understand funds, such as Temporary Cash Assistance (formerly AFDC) or the nature and consequence of the procedure. Medicaid, that I am now getting or for which I may become Signature of Person Obtaining Consent: I UNDERSTAND THAT THE STERILIZATION MUST BE Date: \_\_\_\_(month, day, year) CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE Facility: DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR Address:\_ CHILDREN, OR FATHER CHILDREN. PHYSICIAN'S STATEMENT 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 Shortly before I performed a sterilization operation upon \_\_\_\_(name of individual to be children or father a child in the future. I have rejected these alternatives and chosen to be sterilized. I understand that I will sterilized), on be sterilized by an operation known as a (time and date of sterilization operation), I explained to him/her The discomforts, risks, and benefits associated with the the nature if the sterilization operation (type of operation), the fact that it is intended to be a final and operation have been explained to me. All my questions have been irreversible procedure, and the discomforts, risks and benefits answered to my satisfaction. I understand that the operation will not be done until at least thirty days after I sign this form. I associated with it. I counseled the individual to be sterilized that understand that I can change my mind at any time and that my alternative methods of birth control are available which are decision at any time not to be sterilized will not result in the temporary. I explained that sterilization is different because it is withholding of any benefits or medical services provided by permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not federally funded programs. I am at least 21 years of age and was born on (day) lose any health services or benefits provided by Federal funds. To \_\_\_\_\_, and (year)\_ the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/she \_\_\_\_, hereby consent of my own free will to be sterilized by \_\_\_ \_by a knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure. method called My consent expires 180 days from the date of my signature (Instructions for use of alternative final paragraphs: Use the first below. paragraph below except in cases of premature delivery or I also consent to the release of this form and other medical emergency abdominal surgery where the sterilization is performed records about the operation to: less than 30 days after the date of the individual's signature on Representatives of the Department of Health and Human the consent form. In those cases, the second paragraph below Services or Employees of programs or projects funded by that must be used. Cross out the paragraph which is not used.)s Department but only for determining if federal laws were (1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the observed. I have received a copy of this form. sterilization was performed. (2) This sterilization was performed less than 30 days but more Signature:\_ (time and month, day, year) 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 information requested). NOTICE: You are requested to supply the following information, but it is not required: Premature delivery-Individual's expected date of delivery: RACE/ETHNICITY DESIGNATION (please check one) Emergency abdominal surgery-Describe circumstances: Black (not of Hispanic origin) \_\_\_\_\_ Hispanic Asian or Pacific Islander American Indian or Alaskan Native Signature of Physician: White (not of Hispanic origin) FUNDING SOURCE (Office Use Only) Please circle one INTERPRETER'S STATEMENT (all blanks must be completed if an interpreter is used) Title XIX Non-Title XIX If an interpreter is provided to assist the individual to be

I have translated the information and advice presented orally to the individual to be sterilized by the individual obtaining this