## CONSENT FORM PM 330

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

## ■ CONSENT TO STERII IZATION ■

- CONSENT TO STERREIZA	- 110N <b>-</b>			
I have asked for and received information	about sterilization from			
(doctor or clinic)	When I first asked for			
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 PERMANENT AND NOT REVERSIBLE. I HAVE DEWANT TO BECOME PREGNANT, BEAR CHILDREN CO	ECIDED THAT I DO NOT			
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			
(Name of procedure)				
The discomforts, risks and benefits associated with the operation have been explained to me. All of my questions have been answered to my satisfaction.				
I understand that the operation will not be done un I sign this form. I understand that I can change my min decision at any time not to be sterilized will not result benefits or medical services provided by federally funde	nd at any time and that my tin the withholding of any			
I am at least 21 years of age and was born on	/ / .			
	Mo Day Yr			
I,				
Last				
First	M. I.			
hereby consent of my own free will	to be sterilized by			
by a				
method called				
(Name of procedure) My consent expires <b>180 days</b> from the date of my <b>signa</b>	ature below.			
I also consent to the release of this form and other operation to:				
<ul> <li>Representatives of the Department of Health and Human Services.</li> <li>Employees of programs or projects funded by that Department but</li> </ul>				
only for determining if Federal laws were observed.  I have received a copy of this form.				
Signature of individual to be sterilized	fe: / / / / / / / / / / / / / / / / / / /			
■ INTERPRETER'S STATE				
If an interpreter is provided to assist the individ translated the information and advice presented ora sterilized by the person obtaining this consent. I have a	ual to be sterilized: I have ally to the individual to be			
translated the information and advice presented ora sterilized by the person obtaining this consent. I have a form in.	ual to be sterilized: I have ally to the individual to be lso read him/her the consent			
translated the information and advice presented ora sterilized by the person obtaining this consent. I have a	ual to be sterilized: I have ally to the individual to be lso read him/her the consent			
translated the information and advice presented or sterilized by the person obtaining this consent. I have a form in— explained its contents to him/her. To the best of my keep to the contents to him/her.	ual to be sterilized: I have ally to the individual to be lso read him/her the consent  language and knowledge and belief he/she			
translated the information and advice presented or sterilized by the person obtaining this consent. I have a form in—explained its contents to him/her. To the best of my keep to the contents to him/her.	ual to be sterilized: I have ally to the individual to be lso read him/her the consent			

■ STATEMENT	OF PERSON	OBTAINING	CONSENT

Before	signed the
(Name of Individual to be st	
operation	
is intended to be a final and irreversible procedure)	
benefits associated with it.  I counseled the individual to be sterilize	ed that alternative methods of bird
control are available which are temporary. I exbecause it is permanent.  I informed the individual to be sterilized th	explained that sterilization is differen
at anytime and that he/she will not lose any hea by Federal funds.  To the best of my knowledge and belief	alth services or any benefits provide
least 21 years old and appears mentally covoluntarily requested to be sterilized and appropriate consequences of the procedure.	ompetent. He/She knowingly ar
Signature of person obtaining consent	Date: / /
Signature of person obtaining consent	Mo Day Yr
Name of Facility where patient was counseled	
Address of Facility where patient was counseled	City State Zip Cod
<u> </u>	
■ PHYSICIAN'S ST	ΔTEMENT ■
Shortly before I performed a sterilization of	peration upon
(Name of individual to be sterilized)	0
	ained to him/her the nature of th
	of procedure)
the fact that it is intended to be final and irrevers risks and benefits associated with it.  I counseled the individual to be sterilize control are available which are temporary. I expression of the control are available which are temporary.	ed that alternative methods of bird
because it is permanent.  I informed the individual to be sterilized th at any time and that he/she will not lose any her Federal funds.	
To the best of my knowledge and belief least 21 years old and appears mentally covoluntarily requested to be sterilized and appears consequences of the procedure.	ompetent. He/She knowingly ar
(Instructions for use of Alternative	Final Paragraphs: Use the fin
paragraph below except in the case of prematu surgery when the sterilization is performed less individual's signature on the consent form. In below must be used. <b>Cross out the paragraph</b>	s than 30 days after the date of the those cases, the second paragrap
(1) At least thirty days have passed be signature on this consent form and the date the	
(2) This sterilization was performed les hours after the date of the individual's signature following circumstances (check applicable trequested.)	on this consent form because of the
hours after the date of the individual's signature following circumstances (check applicable brequested.)  A Premature delivery date:	e on this consent form because of the box below and fill in information
hours after the date of the individual's signature following circumstances (check applicable brequested.)  A Premature delivery date:	e on this consent form because of the box below and fill in information
hours after the date of the individual's signature following circumstances (check applicable be requested.)  A Premature delivery date:  Mo D	e on this consent form because of the box below and fill in information  / Individual's expected date Day Yr lays from date of patient's signature

\_ Date:\_

Signature of Physician performing surgery

Mo Day Yr