A. STANDARD

1. Informed consent must be obtained from each client receiving any clinical service. This would include pregnancy test only visits, emergency contraception visits, delayed exams, **STI** visits which are expanded to qualify clients for family planning, etc.
2. If the consent is read and/or translated to the client, there must be a signed statement by the interpreter that to the best of her/his knowledge, the client understood the content of the consent.

B. CONSENT FOR SERVICE

1. At the time of admission to any clinical service, a signed informed consent must be obtained from the client for voluntary acceptance of services.
2. This form should be completed before the client is provided any clinical services, which may or may not include an exam.
3. This consent must contain a statement about the client's potential financial liability for services not covered by the program. This could include, but would not be limited to, non-Title X services such as colposcopy, HIV testing, Chlamydia screening for clients not at risk, as well as complications resulting from Title X-covered procedures, side effects from medications, etc.
4. The client should be given a copy of the consent and the original is kept in the chart.
5. This only needs to be obtained once, at the first visit.

C. METHOD CONSENT

1. Since this must be "informed consent," it is imperative that the client receive education regarding (1) contraceptive alternatives; and (2) the safety, effectiveness, potential side effects and complications, and any problems/benefits concerning use of a contraceptive method.
   a) The Family Planning brochure which describes all birth control methods is included in the new client packet and is available to returning clients as needed. When appropriate, or if indicated by client, staff will discuss all methods in detail. Information, however given, should include the following:
      1) Brief comparative description of all methods, including abstinence.
      2) How the method works.
      3) Correct usage.
      4) Effectiveness.
      5) Duration of effectiveness.
      6) Possible side effects and complications (medical indications and contraindications), as well as possible non-contraceptive benefits
      7) Comparative social and physical advantages and disadvantages.
      8) How to discontinue method.
   b) While all methods may be covered at the initial visit, the majority of time should be spent

on the method of choice.

c) Staff providing client education should be knowledgeable, objective, non-judgmental, and sensitive to the rights and differences of clients as individuals.

2. The client must sign a method-specific consent form for any prescriptive method of contraception.

   a) Staff will provide client with verbal detailed description of selected method, demonstrate how to use the method, and give client the appropriate, method-specific information sheet including instructions for use. Information should include the following:

      1) Risks and benefits.

      2) Instructions for use and discontinuation.

      3) Possible side effects, complications, and danger signs.

      4) Procedural instructions in case of emergency.

   b) Staff distributes consent form to client, ensures that it is read, understood, and signed. Questions to ascertain understanding may be appropriate, particularly if there is any question as to reading level. The client is given one copy of the consent form and the original is put in the client's chart. Questions should be encouraged and answered at this time.

3. Staff advises client she/he may withdraw consent and change the method at any time. Staff discusses procedure for changing a method.

4. The appropriate informed consent does not need to be re-initialed each year, unless there is a change in health status. A new method-specific consent must be signed whenever a client initiates a new prescriptive method.

D. CONSENT FOR STERILIZATION PROCEDURE

(See **Sterilization - Section 1.7 in the Nursing Manual**)

The following is a sample of a Family Planning Consent Form. This form can be downloaded from the ***CDPHE Family Planning Program*** *website at:*
http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html.

Family Planning Program Consent

Name:_____ Patient ID #_____ Age_____

Agency/Clinic;_____

I, _____, do hereby give my consent to the medical staff of the above named agency/clinic to examine, treat and counsel me.

I understand and agree with the following:

- ☐ I understand that covered family planning services include routine family planning visits to initiate, continue or discontinue a contraceptive method. Additional covered family planning services may include, but are not limited to, provision of contraceptive methods and pregnancy testing and counseling.
- ☐ I understand there are certain hazards and risks connected with all forms of medical treatment and care, which may result in additional costs to me (the client).
- ☐ I understand that there is no guarantee of payment by insurance or by an aid program for any costs that the family planning program does not cover and for which I am responsible.
- ☐ I understand that I may be billed for non-Title X services including but not limited to: colposcopy, HIV testing, Chlamydia screening if not at risk, complications resulting from Title X-covered procedures, side effects, from medications, etc.
- ☐ I agree to a physical exam, if one is recommended.
- ☐ I understand that my provider might recommend lab tests if indicated, some of which may be covered by the family planning program. My provider will discuss these with me.
- ☐ I understand that all information about me will be kept in strictest confidence and will not be released to anyone without my permission, except as required by law. This could include:
  - positive test results of some sexually transmitted diseases,
  - sexual or physical abuse of minors, or
  - physical signs of domestic violence.
- ☐ I understand that this agency may use a statewide database that makes my health information available to the state health department and other participating family planning programs in Colorado. The benefit to me is that I can change to another participating family planning clinic and that clinic can access the health information I have already shared.

Female clients only:

- ☐ I agree to have a pelvic examination including a Pap smear, if recommended. I understand a Pap smear may not be recommended every year.
- ☐ I understand that the test for cancer of the cervix (Pap smear) is a screening test only and may produce false negatives (cancer is present but the test says it is not) as well as false positives (cancer is not present but the test says it is).
- ☐ I understand the Pap smear may not have enough information to make a diagnosis and may have to be done again.

I have read the above information. It has been explained to me and I believe I understand it. My questions have been answered by a person from the agency/clinic.

_____ _____
Signature of client Date

The client received the above information and I believe she or he understands it.

_____ _____
Signature of Witness Date

SAMPLE