

Colorado Medical Assistance Program Sterilization Consent Form  
MED 178

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

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from ABC Clinic. When I first asked for

MAY BE NAME OF CLINIC OR PHYSICIAN

decision to be sterilized is 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 the Medical Assistance Program 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 tubal ligation. The discomforts, risks, and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

BIRTHDATE MUST MATCH MEDICAID CARD & SHOW THAT PATIENT IS AT LEAST 21 YEARS OLD

PROCEDURE NAME MUST BE IN ALL FOUR BLANKS

not be done until at least thirty days before the date of my signature. I am at least 21 years of age and was born on 01/01/1986. I, Sally Jones, hereby consent of surgeon to be sterilized by tubal ligation on the date of my signature below.

NAME MUST MATCH SIGNATURE ON MEDICAID CARD

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

Representatives of the Department of Health, Education and Welfare or

Employees of programs or projects funded by that Department or only for determining of Federal laws were observed.

I have received a copy of this form.

Sally Jones Signature Date 4/2/07

Client's Medical Assistance Program ID #: A123456

You are requested to supply the following information required:

Race and Ethnicity Designation (please check)

- American Indian or Alaska Native (not of Hispanic or Puerto Rican descent)
 Asian or Pacific Islander
 White (not of Hispanic or Puerto Rican descent)

■ 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. I have also read him/her the information and advice presented orally to the individual to be sterilized. To the best of my knowledge and belief, she understood this explanation.

COMPLETE ONLY IF AN INTERPRETER IS REQUIRED

Interpreter Signature

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before Sally Jones signed the consent form, I explain to him/her the nature of the sterilization operation tubal ligation, 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 ABC Clinic Date 4/2/07

Signature of person obtaining consent

Date

ABC Clinic

Facility

Denver, CO

Address

THE PERSON OBTAINING CONSENT MUST SIGN & DATE THE FORM ON OR AFTER THE DATE OF THE PATIENT'S SIGNATURE & BEFORE THE DATE OF SURGERY

Shortly before I performed a sterilization operation upon

Sally Jones on 5/2/07

Name of individual to be sterilized

Date of sterilization operation

I explained to him/her the nature of the sterilization operation tubal ligation, the fact that it is

Specify Type of Operation

DATE OF SURGERY MUST MATCH CLAIM

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.

IF THIS SURGEON DOES NOT PERFORM THE SURGERY, A NOTE DESCRIBING THE CIRCUMSTANCES MUST BE ATTACHED TO THE CLAIM.

IF ONE OF THE FINAL PARAGRAPHS IS NOT CROSSED OUT, THE CONSENT IS CONSIDERED TO BE INVALID & CLAIM WILL DENY

(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 the 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 information requested):

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

THE SURGEON MUST SIGN THE CONSENT FORM

(Describe circumstances)

Surgeon ABC Clinic Date 5/2/07

Physician's Signature

SIGNATURE DATE MUST BE ON OR AFTER SURGERY DATE