



## The Health Plan Sterilization Consent Form

**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.

### **WV Medicaid Consent to Sterilization**

I have asked for and received information about sterilization from \_\_\_\_\_  
(Name of provider 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 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 \_\_\_\_\_  
(procedure). The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form in the case of vasectomy. There is no waiting period for Tubal Ligation.

I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on \_\_\_\_\_ (date).  
I, \_\_\_\_\_ (patient name), hereby consent of my own free will to be sterilized  
by \_\_\_\_\_ (provider name), by a method called \_\_\_\_\_  
(procedure).

My consent expires 180 days from the date of my signature below.

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

- Representatives of the Department of Health, Education, and Welfare or
- Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.
- Representatives of my Medicaid Managed Care Organization (MCO)

I have received a copy of this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **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 by the person obtaining this consent. I have also read him/her the consent form in \_\_\_\_\_ (language) and explained its contents to him/her.

To the best of my knowledge and belief he/she understood this explanation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Statement of Person Obtaining Consent**

Before \_\_\_\_\_ (patient name) signed the consent form, I explained to him/her the nature of the sterilization operation \_\_\_\_\_ (procedure 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 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 of person obtaining consent: \_\_\_\_\_

Date: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_



### **Physician's Statement**

Shortly before I performed a sterilization operation on \_\_\_\_\_ (patient name), I explained to him/her the nature of the sterilization operation \_\_\_\_\_ (procedure 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 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 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 appeared to understand the nature and consequences of the procedure.

Instructions for use of alternative final paragraphs: **Cross out the statement which is not used.**  
(1) At least thirty days have passed between the date of the individual's signature on this consent form and the vasectomy procedure performed.  
(2) This sterilization performed was a Tubal Ligation and does not require a waiting period.

Physician: \_\_\_\_\_

Date: \_\_\_\_\_

