

Sterilization Consent Form

All sterilization claims must be processed according to the following Federal guidelines:

FEDERAL GUIDELINES

The waiting period between consent and sterilization must not exceed 180 days and must be at least 30 days, except in cases of premature delivery and emergency abdominal surgery. The day the client signs the consent form and the surgical dates are not included in the 30-day requirement. For example, a client signs the consent form on July 1. To determine when the waiting period is completed, count 30-days beginning on July 2. The last day of the waiting period would be July 31; therefore, surgery may be performed on August 1.

In the event of premature delivery, the consent form must be completed and signed by the client at least 72-hours prior to the sterilization, and at least 30-days prior to the expected date of delivery.

In the event of emergency abdominal surgery, the client must complete and sign the consent form at least 72-hours prior to sterilization.

The consent form supplied by the surgeon must be attached to every claim for sterilization related procedures; i.e., ambulatory surgical center clinic, physician, anesthesiologist, inpatient or outpatient hospital. Any claim for a sterilization related procedure which does not have a signed and dated, valid consent form will be denied.

All blanks on the consent form must be completed with the requested information. The consent form must be signed and dated by the client, the interpreter (if one is necessary), the person who obtained the consent, and the physician who will perform the sterilization.

The physician statement on the consent form must be signed and dated by the physician who will perform the sterilization on the date of the sterilization or after the sterilization procedure was performed. The date on the sterilization claim form must be identical to the date and type of operation given in the physician's statement.

TIPS:

- Print legibly to avoid denials – The entire form must be legible.
- The originating practitioner has ownership of this form and must supply correct, accurate copies to all involved billing parties.
- Fields 7, 8 and 15, 16 must be completed prior to the procedure.
- All fields may be corrected however corrections must be made with one (1) line through the error and must be initialed.
- The person that signed the line is the only person that can make the alteration.
- “Whiteout” will not be accepted when making corrections.
- Every effort should be taken to complete the form correctly without any changes.

Section	Field #	Action
Consent to Sterilization	1	Enter the name of the physician or the name of the clinic from which the client received sterilization information.
	2	Enter the type of operation (no abbreviations)
	3	Enter the client's date of birth (MM/DD/YY). Client must be at least 21 years
	4	Enter the client's name
	5	Enter the name of the physician performing the surgery
	6	Enter the name of the type of operation (no abbreviations)
	7	The client to be sterilized signs here
	8	The client dates signature here
	9	Check one (1) box appropriate for client. This item is requested but NOT required.
Interpreter's Statement	10	Enter the name of the language the information was translated to
	11	Interpreter signs here
	12	Interpreter dates signature here
Statement of person obtaining consent	13	Enter clients name
Statement of person obtaining consent Physician's Statement	14	Enter the name of the operation (no abbreviations)
	15	The person obtaining consent from the client signs here
	16	The person obtaining consent from the client dates signature here
	17	The person obtaining consent from the client enters the name of the facility where the person obtaining consent is employed. The facility name must be completely spelled out (no abbreviations)
	18	The person obtaining consent from the client enters the complete address of the facility in #17 above. Address must be complete, including state and zip code
	19	Enter the client's name
Physician's Statement	20	Enter the date of sterilization operation
	21	Enter type of operation (no abbreviations)
	22	Check applicable box: <ul style="list-style-type: none"> • If premature delivery is checked, the provider must write in the expected date of delivery here. • If emergency abdominal surgery is checked, describe circumstances here.
	23	• Physician performing the sterilization signs here
	24	Physician performing the sterilization dates signature here

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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 STERILIZATION

I have asked for and received information about sterilization from 1 _____ . 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 EqualityCare 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 2 _____ . 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. 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 or age and was born on 3 _____
Month Day Year

4 I, _____, hereby consent of my own free will to be sterilized by 5 _____ (doctor) by a method called 6 _____. 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 and Human Services or Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

7 _____ 8 Date: _____
Signature Month Day Year

9 You are requested to supply the following information, but it is not required:

Race and ethnicity designation (please check)
 American Indian or Alaska Native Black (not of Hispanic origin)
 Asian or Pacific Islander Hispanic
 White (not of Hispanic origin)

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 10 _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

11 _____ 12 _____
Signature of Interpreter Date

STATEMENT OF PERSON OBTAINING CONSENT

Before 13 _____ (name of individual) signed the consent form, I explained to him/her the nature of the sterilization operation 14 _____, 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.

15 _____ 16 _____
Signature of person obtaining consent Date

17 _____
Facility

18 _____
Address

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon 19 _____ (name of individual to be sterilized) on 20 _____, (date of sterilization operation)

I explained to him/her the nature of the sterilization operation 21 _____, (specify type of operation) 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: 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 this 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: 22 _____ (Date)
- Emergency abdominal surgery:
(describe circumstances):

23 _____ 24 _____
Physician Date