

1. Last Name	First Name	MI
2. Patient Number		
3. Date of Birth (MM/DD/YYYY)		
	Month	Day
4. Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> White		
5. Ethnic Origin <input type="checkbox"/> Hispanic Cuban <input type="checkbox"/> Hispanic Mexican American <input type="checkbox"/> Hispanic Other <input type="checkbox"/> Hispanic Puerto Rican <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unreported		
6. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
7. County of Residence		

Request and Consent for Abstinence

Voluntary Participation and Confidentiality Statement: Title X services are provided solely on a voluntary basis. Individuals must not be subjected to coercion to receive services or to use or not to use any particular method of family planning. Acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other service or assistance from or participation in any other programs of the applicant. This information is confidential and will be treated as such.

Birth control methods may have good or bad side effects or complications, which may be harmful to me. I have been told that the most frequent benefits, risks and side effects are those listed below. Others not listed may occur.

Abstinence Use Effectiveness: 100 Percent

Benefits	Possible Risks/Disadvantages	Possible Side Effects
1. Free and available to all 2. Effective at preventing STD, HIV and pregnancy 3. No medical side effects 4. It can be started at any time 5. May encourage people to build relationships in other ways without complications	1. It may be difficult to talk to a partner about abstinence 2. Abstinence includes oral, anal and vaginal sex 3. There is often pressure from your partner or peers 4. If you change your mind in the heat of the moment and you have no birth control, you risk pregnancy, sexually transmitted diseases including HIV	1. May not have knowledge of other methods of birth control and disease prevention
<hr style="width: 20%; margin-left: 0;"/> <i>Contraceptive Technology</i> 20 th ed. 2011		

1. I do not wish to become pregnant now. One benefit of choosing a method of birth control is that I will be better able to delay a pregnancy until it is desired.
2. All contraceptives offered by this clinic have been explained to me. I may change to another method if medically recommended. In addition, I may stop using a birth control method if I wish to become pregnant. Instructions for the use of my chosen method have been given to me.
3. I understand that abstinence means avoiding vaginal, anal and/or oral intercourse or participating in any other activity in which body fluids (semen, vaginal fluids, and blood) are exchanged with another person.
4. I understand that sexual abstinence, according to the above definition, will prevent the risk of pregnancy, sexually transmitted diseases including HIV if abstinence is maintained 100 percent.
5. I understand that abstinence is effective in preventing pregnancy and has no effect on an already established pregnancy. I understand that a pregnancy test may or will be done to rule out the presence of an already established pregnancy if needed. I understand that the earlier the pregnancy test, the greater the chance of error. I further understand that the correctness of the results of the pregnancy test is not guaranteed whether positive or negative.

6. I have read the above (or have had it read to me) and have been given the opportunity to ask questions and received answers to my satisfaction. Being mentally competent, I assume full responsibility and release the local health department, including the attending clinician, staff and assistants of any and all liability for any adverse effects or pregnancy that may result from my using the method of birth control provided to me. I have been advised to call the clinic for discontinuation instruction if I choose to stop this method
7. I have been provided information about an emergency number to call after clinic hours or when the agency is closed.
8. I have chosen and requested abstinence as a method of birth control.

_____/_____/_____
Date Signature of Patient

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual in choosing her birth control method:

I have translated the information and advice presented orally to the individual to use the above contraception by the person obtaining this consent. I have also read her the consent form in _____ language and explained its contents to her. To the best of my knowledge and belief, she understood this explanation.

Interpreter Date ____/____/_____