Place Patient Label Here

N.C. Department of Health and Human Services Division of Public Health Women, Infant and Community Wellness Section Reproductive Health Branch

# Request and Consent for Emergency Contraceptive (EC) Pills (Levonorgestrel, Ulipristal Acetate and/or Combined Oral Contraceptives)

<u>Voluntary Participation and Confidentiality Statement:</u> Title X services are being provided to me solely on a voluntary basis; I am choosing to receive these services of my own free will. I understand that staff may not coerce (force) me to receive services, to use, or not to use any particular method of family planning. I understand I have the right to accept or refuse family planning services without being denied eligibility for other services/programs provided by this agency. 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.

### Emergency Contraceptive Pills Use Effectiveness: 74-91%\*

### Benefits

- 1. EC could help keep you from getting pregnant if you had sex without using birth control or if your birth control method did not work.
- Effective for 72–120 hours (3-5 days) after a birth control accident or unprotected sex.
- 3. Can be taken any time during the menstrual cycle.
- 4. If you are already pregnant EC will not harm your pregnancy nor will it cause your pregnancy to end (it will not cause abortion).

## Possible Risks/Disadvantages

- 1. Not effective if you are already pregnant.
- 2. \*Works better the sooner EC is taken after unprotected sex.
- 3. \*Will not work as well if EC is not taken within 3-5 days after unprotected sex.
- 4. Does not protect against sexually transmitted infections, including HIV.

### **Possible Side Effects**

- 1. Nausea/Vomiting
- 2. Menstrual changes
- 3. Fatigue (Tiredness)
- 4. Headache
- 5. Lower abdominal pain
- 6. Dizziness
- 7. Breast tenderness
- 8. Diarrhea

*Contraceptive Technology* 22nd ed. 2023; The Reproductive Health National Training Center; <u>https://rhntc.org/search?keys=Emergency+Contraception</u>

- 1) I do not wish to become pregnant now and I am choosing emergency contraception
- 2) I understand that emergency contraceptive pills contain hormones. The pills are taken after having sex without using birth control or if my birth control method did not work. I understand that emergency contraception is used as an emergency measure only and works better when it is taken as soon after unprotected intercourse as possible.
- 3) I understand that emergency contraception can work well but it is not a substitute for a regular method of birth control to prevent or delay pregnancy. There are other types of birth control that are safe and much better at preventing pregnancy.
- 4) I understand that emergency contraceptive pills work by delaying or keeping the ovary from releasing an egg.
- 5) I understand that if my period does not start within 3 weeks of taking emergency contraception, I need to take a pregnancy test and contact my healthcare provider.
- 6) I understand that this emergency contraception will not protect against pregnancy in the future. If I do not wish to become pregnant, I should not have sexual intercourse without a condom until I have a reliable method of birth control.
- 7) I have been provided with information about an emergency number to call after clinic hours or when the agency is closed.

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 further instructions if I do not have a period within the next three weeks.

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 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 patient to use the above emergency contraception by the person obtaining this consent. I have also read the patient the consent form in language and explained its contents. To the best of my knowledge and belief, the patient understood this explanation.

Interpreter

/ /\_\_\_\_ Date