

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

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		

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, 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.

Benefits	Possible Risks/Disadvantages	Possible Side Effects
1. Effective treatment in reducing the risk of pregnancy within 72–120 hours after a contraceptive accident or unprotected sex by 75–89 percent 2. Can be taken any time during the menstrual cycle 3. Does not cause abortion	1. Not effective if a fertilized egg has implanted in the uterus 2. Effectiveness reduces if more than 120 hours have passed since unprotected vaginal intercourse	1. Nausea 2. Vomiting 3. Fatigue 4. Headache 5. Lower abdominal pain 6. Dizziness 7. Breast tenderness 8. Diarrhea
<hr/> <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. I understand that emergency contraceptive pills contain hormones. The pills are taken after having unprotected vaginal intercourse or after a contraceptive accident during the time of my menstrual cycle when I am most likely to get pregnant. This method is used as an emergency measure only. I understand that emergency contraception is not a method of birth control and is not effective as a long term method of birth control, and is more effective when taken as soon after unprotected intercourse as possible.
3. I understand that emergency contraceptive pills work by delaying or keeping the ovary from releasing an egg.
4. I understand that emergency contraception is effective in preventing pregnancy and has no effect on an already established pregnancy. 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.
5. I have been provided information about an emergency number to call after clinic hours or when the agency is closed.

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

_____/_____/_____
Date Signature of Patient

_____/_____/_____
Date Signature of Patient

_____/_____/_____
Date Signature of Patient

_____/_____/_____
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

Interpreter Date

Interpreter Date

Interpreter Date