

**FAMILY PLANNING PROGRAM****SECTION:** Medical Services Administration**POLICY AND PROCEDURE MANUAL****SUBJECT:** Consent (Method Specific)

POLICY: Each Delegate Agency must provide its clients with sufficient information to understand the benefits and risks of their chosen method of contraception and alternatives available to them.

GUIDELINES:

1. Written informed consent, specific to the contraceptive method, must be signed before a prescriptive contraceptive method is provided (see appendix for consent forms).
2. Written and verbal information must be given to clients receiving any method of birth control. Nonprescriptive forms of contraceptives (i.e., condoms, foam etc.) require only written instructions/information (see appendix for instruction sheets).
3. The consent form for prescription contraceptives must include:
 - a. an explanation of the purpose and effectiveness of the contraceptive method.
 - b. a description of the benefits to be expected.
 - c. a description of the discomforts, risks, potential side effects, complications, discontinuation issues and danger signs of the contraceptive method, including all major (life threatening) risks and all common minor risks.
 - d. an explanation of available alternative methods of family planning.
 - e. an offer to answer any inquiries concerning the contraceptive method.
 - f. an instruction that the client is free to withhold or withdraw his/her consent at any time.
 - g. a statement that the client has been counseled, provided with the appropriate informational material, and understands the content of both.
4. A signed and dated method-specific consent form must be included in the client's medical record.
5. If a client changes method of prescription contraception, a new consent form must be signed and dated.
6. When oral contraceptives are used on a short-term basis as medication for treatment of a contraceptive management issue, a method consent need not be signed by the client. Documentation of the use of the oral contraceptive for this purpose must be documented in the chart.
7. If a client is unable to read the consent, it must be read to her/him. The fact that the consent has been read must be documented in the client's medical record.

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8. In the event that a client does not understand English and a translator accompanies her/him or is provided by the delegate agency, both the client and the translator must sign and date the consent form. If the services of a telephone translating service are used, the name of the service and the individual providing the translation must be documented on the consent form.
9. In the event that a client is developmentally disabled and accompanied by a full guardian, the client and the guardian must sign and date the consent form. (See Services to Developmentally Disabled Clients, PA 20.)
10. In the event the client is unable to sign the consent form due to physical disability or illiteracy, he/she may give affirmative consent. This must be documented in the client's medical record.
11. Consent forms for copying will be made available through the State office.

Reference:

1. Program Guidelines for Project Grants for Family Planning Services, January 2001, pp. 17-18, Section 8.1, Client Education - Informed Consent.

