

McLaren Print System Order

Order No: 43377 Reprint Previous Order No: 5619
Order Date: 2019-03-05
User: Victoria Tijerina
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Ship Location: Grand Ledge OB/GYN ATTN JIII
1035 Charlevoix St
Grand Ledge, MI 48837

Forms

Quantity: 100
Paragon Dept No: 51015
Dept Name: Grand Ledge OB/GYN
Company Number: 810

Order Total Price: 0.00

Item Number: MSA-1959
Item Description: Consent for Sterilization
Revision Date: 12/2009
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

CONSENT FOR STERILIZATION
Michigan Department of Community Health

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 read and received information about sterilization from _____ when I first consented to the sterilization. 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. It is always not to be sterilized. My decision will affect my right to future care or treatment. I will not lose any funds or benefits from programs receiving Federal funds, such as WIC, or Medicaid that I am now getting or to which I may become eligible.

UNDERSTAND FROM THE STERILIZATION MUST BE CONSIDERED PERMANENT AND IRREVERSIBLE. I cannot get back my right to have children or have children. I have read about these temporary methods of birth control that are available and could be provided to me which will allow me to have or have a child in the future. I have accepted these alternatives and consent to be sterilized.

I understand that I will be sterilized by an operation known as a _____ The benefits, risks and benefits have been explained 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 of age and was born on _____

STATEMENT OF PERSON OBTAINING CONSENT
Below _____ signed the consent form. I explained to her/him the nature of the sterilization operation, the fact that it is intended to be a final and irreversible procedure and the benefits, risks and benefits associated with it. I explained to her/him that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I explained that neither consent can be withdrawn at any time and that neither 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. Her/his earnings and resources required to be sterilized and appeared to understand the nature and consequences of the procedure.

Signature of Person Obtaining Consent _____ Date _____

PROVIDER'S STATEMENT
Only before performing a sterilization operation upon _____ I explained to her/him the nature of the sterilization operation, the fact that it is intended to be a final and irreversible procedure and the benefits, risks and benefits associated with it. I explained to her/him that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I explained that neither consent can be withdrawn at any time and that neither 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. Her/his earnings and resources required to be sterilized and appeared to understand the nature and consequences of the procedure.

Instructions for use of alternative first paragraph: Use the first paragraph below except in the case of prenatal delivery or uterine artery embolization systems where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In these cases, the second paragraph below must be used. Circle out the paragraph which is not used.

(1) It will verify that time passed between the date of the individual's signature on the consent form and the date the sterilization was performed.
(2) The sterilization was performed less than 30 days but more than 14 hours after the date of the individual's signature on the consent form because of the following circumstances (check applicable box and fill in information requested):

Prenatal delivery
Individual's expected date of delivery _____

Emergency obstetrical surgery _____

Signature of Physician/Physician Designee _____ Date _____

INTERPRETER'S STATEMENT
I am interpreter for the individual to be sterilized. I have interpreted the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read together the consent form in _____ language and explained its contents to her/him. To the best of my knowledge and belief her/his understanding is adequate.

Interpreter's Signature _____ Date _____

Michigan Department of Community Health is an equal opportunity employer. Services and programs provided.

MSA 1959 (Rev. 12-09) Previous edition may be used.