

Patient's name	Medicaid ID	

## **Consent to Sterilization (Ages 21 and older)**

**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.

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Patient's statement		
I have asked for and received information about sterilization from	All my questions have been answered to my satisfaction.	
doctor or clinic). When I first asked for the information, I was told that the decision to be iterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not in the best be sterilized, my decision will not affect my light to future care or treatment. I will not lose in the lose of the programs receiving rederal funds such as Temporary Assistance for leedy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.	I understand that the operation will not be done until at least 30 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 of medical services provided by federally funded programs.  I am at least 21 years of age and was born on (month/day/year).	
I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children or father children.	I,, hereby consent of my own free will to be sterilized by (doctor) by a method called	
I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.	My consent expires 180 days from the date of my signature below. I also consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health and Human Services or employees of programs or projects funded by the Department but only for determining if federal laws were observed.  I have received a copy of this form.	
I understand that I will be sterilized by an operation known as a The discomforts, risks and benefits associated with the operation have been explained to me.		
Signature	Date (month/day/year)	
Race and ethnicity designation (please check). 'information, but it is not required:  Ethnicity:  Race (mark one or more):  American Indian or Ala  Native Hawaiian or Oth	☐ Not Hispanic or Latino ska Native ☐ Asian ☐ Black or African American	
Interpreter's statement (if an interpreter is provide	ed to assist the individual to be sterilized)	
I have translated the information and advice preserperson obtaining this consent. I have also read him (language) and explained its contents to him/her. I understood this explanation.	n/her the consent form in	
Signature	Date (month/day/year)	

Statement of person obtaining co	nsent	
(name of operation), the fact that it is discomforts, risks and benefits associal alternative methods of birth control a different because it is permanent. I in	(name of individual) sign ne sterilization operation s intended to be a final and irreversi ciated with it. I counseled the individual are available which are temporary. I informed the individual to be sterilize the will not lose any health services of	ible procedure and the dual to be sterilized that explained that sterilization is ed that his/her consent can be
•	elief the individual to be sterilized is a e knowingly and voluntarily requeste nd consequences of the procedure.	•
Signature of person obtaining consent Facility:		Date (month/day/year)
Address:		
Physician's statement Shortly before I performed a steriliza		
nature of the sterilization operation _ the fact that it is intended to be a final benefits associated with it. I counsel control are available which are temp bermanent. I informed the individual time and that he/she will not lose any To the best of my knowledge and be appears mentally competent. He/She	al and irreversible procedure and the led the individual to be sterilized that orary. I explained that sterilization is to be sterilized that he health services or benefits provide elief the individual to be sterilized is a e knowingly and voluntarily requested and consequences of the procedure	(specify type of operation) e discomforts, risks and t alternative methods of birth s different because it is can be withdrawn at any ed by Federal funds. at least 21 years old and ed to be sterilized and
Instructions	s for use of alternative final parag	raphs:
surgery where the sterilization is pe	ept in the case of premature delivery erformed less than 30 days after the hose cases, the second paragraph b d.	date of the individual's
and the date the sterilization  (2) This sterilization was perform the individual's signature on t (check applicable box and fill Premature delivery: Indiv	ned less than 30 days but more than this consent form because of the foll	n 72 hours after the date of
Physician's signature		 Date (month/day/year)

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