

Informed Consent

I willingly ask the Health Department for Family Planning services.

Family Planning services may include a physical exam, fingerstick, urine test, or being given medication or birth control.

I understand staff will not bully or force me to accept services, use a certain type of birth control, or choose a specific pregnancy option.

I realize the medication or birth control I receive today could have side effects and I could still become pregnant. I agree to assume responsibility for those risks.

I understand that I do not need to receive family planning services to get other services or support from the Health Department.

The things I share and services I get today will be kept private and will not be shared with anyone else unless I say they can or are required by law.

The things I said about how much money I made are truthful. The amount of money I make determines if I pay for services today or not. I will not be denied services if I cannot pay.

The things I share about my health today are truthful. If I am told I need to see another doctor, I will be responsible for calling and paying that doctor.

I will call the Health Department if I have side effects with the medication or birth control I am given.

I know I can ask Health Department staff questions at any time and will be given information that is truthful and clear. I can ask for a copy of this form.

I understand that my health insurance may be billed for the total cost of today's service. I may be billed for the uncovered portion of co-pay, deductibles and uncovered/exhausted benefits. I may also be responsible for my percentage. I also understand that there is a potential for disclosure to insurance policyholders where the policyholder is not the client.

By signing this form, the Health Department can share protected health information which includes, but is not limited to, third party medical care providers to whom we refer you or with whom we consult regarding your health, as well as to third parties for payment or billing purposes.

Electronic Signature:

Date: