ISSUED: REPLACED:

08/16/24 01/14/13

CHAPTER 5: PROFESSIONAL SERVICES

APPENDIX B: FORMS

PAGE(S) 7

FORMS

This appendix includes information about the forms that are referenced in the Professional Services manual chapter, and where they can be obtained.

A copy of the **Diagnostic and/or Laboratory Equipment** (La OFS Form 24) can be found at the following link:

Microsoft Word - PT20 Group Packet 3.9.18 (lamedicaid.com)

The following forms are available at www.lamedicaid.com under the "Forms/Files/User Manuals" link:

- 1. **Acknowledgement of Receipt of Hysterectomy Information** (BHSF Form 96-A);
- 2. **Request for Prior Authorization** (PA-01 Form); and
- 3. **Prior Authorization Request for Transplant** (TP-01 FORM); and

The following forms are available at https://www.lamedicaid.com/Provweb1/Forms/PCforms.htm:

- 1. Request for Hospital Pre-Admission Certification and LOS Assignment (PCF 01); and
- 2. Request for Inpatient Acute Care (PCF-02).

Instructions and a copy of the Louisiana Department of Health (LDH) Office of Public Health Certification of Informed Consent-Abortion form are available at: http://new.dhh.louisiana.gov/assets/docs/Making_Medicaid_Better/RequestsforProposals/CCNP Appendices/AppendixNAbortionCertificationofInformedConsent.pdf

The **Consent for Sterilization** forms, Form HHS-687 (English) and Form HHS-687-1 (Spanish), are available at: <u>Consent for Sterilization: Form HHS-687 (English)</u> and <u>Consent for Sterilization: Form HHS-687-1 (Spanish)</u>.

Completed examples of accepted Consent for Sterilization, Form HHS-687 (English) can be found on the following pages.

The examples illustrate a correctly completed sterilization form, without an interpreter and with an interpreter, for a sterilization that was done less than 30 days after the consent was obtained. "Premature delivery" is confirmed with a "check mark"; the expected date of delivery is included and is equal to or greater than 30 days after the date of the beneficiary's signature.

LOUISIANA MEDICAID PROGRAM	ISSUED:	08/16/24
	REPLACED:	01/14/13
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CHAPTER 5: PROFESSIONAL SERVICES

APPENDIX B: FORMS PAGE(S) 7

In order to facilitate correct submission of the sterilization consent when a premature delivery occurs, the following clarification is provided. "Prematurity" is defined as the state of an infant born prior to 37 weeks gestation. Physicians should use this definition in the completion of the sterilization consent when premature delivery is a factor."

The consent was (and must be) obtained at least 72 hours before sterilization was performed.

Physicians and clinics are reminded to obtain valid, legible consent forms.

Copies must be shared with any provider billing for sterilization services, including the assistant surgeon, hospital, and anesthesiologist.

ISSUED: REPLACED:

08/16/24 01/14/13

CHAPTER 5: PROFESSIONAL SERVICES

APPENDIX B: FORMS

PAGE(S) 7

Form Approved: OMB No. 0937-0166 Expiration date: 7/31/2025

CONSENT FOR STERILIZATION

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 ■	■ STATEMENT OF PERSON OBTAINING CONSENT ■
I have asked for and received information about sterilization from	Before (12) signed the
(1) . When I first asked	Name of Individual
Doctor or Clinic for the information, I was told that the decision to be sterilized is com-	consent form, I explained to him/her the nature of sterilization operation (13) , the fact that it is
pletely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving	Specify Type of Operation intended to be a final and irreversible procedure and the discomforts, risks
Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.	and benefits associated with it. I counseled the individual to be sterilized that alternative methods o birth control are available which are temporary. I explained that steriliza
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 was told about those temporary methods of birth control that are	tion is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and tha he/she will not lose any health services or any benefits provided by Federal funds.
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.	To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.
I understand that I will be sterilized by an operation known as a(2) The discomforts, risks	(14) (15)
Specify Type of Operation	Signature of Person Obtaining Consent Date
and benefits associated with the operation have been explained to me. All	(16)
my questions have been answered to my satisfaction. I understand that the operation will not be done until at least 30 days	(17)
after I sign this form. I understand that I can change my mind at any time	Address
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	■ PHYSICIAN'S STATEMENT ■
funded programs. I am at least 21 years of age and was born on:(3)	Shortly before I performed a sterilization operation upon (18) on (19)
Date	Name of Individual On (19) Name of Individual Date of Sterilization
I, (4) , hereby consent of my own	I explained to him/her the nature of the sterilization operation
free will to be sterilized by(5)	, the fact that it is
by a method called (6) Specify Type of Operation consent expires 180 days from the date of my signature below. I also consent to the release of this form and other medical records	Specify Type of Operation intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.
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 informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she 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
(7)	at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the
Signature Date	nature and consequences of the procedure. (Instructions for use of alternative final paragraph: Use the first
You are requested to supply the following information, but it is not required: (Ethnicity and Race Designation) (please check) Ethnicity: Race (mark one or more): American Indian or Alaska Native Not Hispanic or Latino Black or African American Native Hawaiian or Other Pacific Islander White	paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.) (1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.
■ INTERPRETER'S STATEMENT ■	(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form
If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the in-	because of the following circumstances (check applicable box and fill in information requested):
dividual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in (9)	Premature delivery (21) Individual's expected date of delivery:
language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.	☐ Emergency abdominal surgery (describe circumstances):
(10) (11)	(22) (23)
Interpreter's Signature Date	Physician's Signature Date
HHS-687 (07/2025)	

ISSUED: 08/16/24 REPLACED: 01/14/13

CHAPTER 5: PROFESSIONAL SERVICES

APPENDIX B: FORMS PAGE(S) 7

Checklist for Sterilization Form (See previous page for number items on form)

CONSENT TO STERILIZATION

- Y N Are all blanks filled in and legible?
- Y N Is the patient's signature present? (Line 7)
- Y N Is the date of the signature present? (Line 8)
- Y N Was the patient at least 21 years old on the date the consent form was signed? (Line 3)
- Y N Is race and ethnicity section filled out (not mandatory)?

INTERPRETER'S STATEMENT (if applicable)

- Y N Are all blanks filled in and legible?
- Y N Is the interpreter's signature present? (Line 10)
- Y N Is the date of the signature the same as the date of the patient's signature? (Line 11 same as Line 8?)

STATEMENT OF PERSON OBTAINING CONSENT

- Y N Are all blanks filled in and legible?
- Y N Is the signature of the person obtaining consent and date of signature present? (Lines 14 and 15)
- Y N Is the date of the signature the same as the date of the patient's signature? (Lines 8 and 15)

PHYSICIAN'S STATEMENT

Y

N

- Y N Are all blanks filled in and legible?
- Y N Is the physician signature and date present? (Lines 22 and 23)
- Y N Have at least 30 days, but no more than 180 days, passed between the date of the patient's signature and the date the surgery was done? (Lines 8 and 19)
 - **NOTE:** "When counting, do not count the date of the patient's signature as one day (for example, if the patient signed on January 1, 30 days will have passed after January 31.)
 - If 30 days have not passed, does one of the following conditions exist?
 - Premature delivery (or early delivery)
 - Emergency abdominal surgery
- Y N If premature delivery, is the individual's expected date of delivery at least 30 days after the date of informed consent? (Lines 8 and 21)
- Y N Is the individual's expected delivery date documented? (Line 21)
- Y N In the case of premature delivery or emergency abdominal surgery, was the sterilization performed more than 72 hours after the date of individual's signature on the consent form? (Lines 8 and 19)
- Y N In the emergency abdominal surgery, are the circumstances described on the physician's statement on the consent form?
- Y N Was the physician statement signed on or after the sterilization operation date? (Lines 19, 22 and 23)

ISSUED: REPLACED:

08/16/24 01/14/13

CHAPTER 5: PROFESSIONAL SERVICES

APPENDIX B: FORMS

HHS-687 (07/2025)

PAGE(S) 7

Sterilization Consent Form Example – Consent obtained at Least 30 Days prior to Sterilization with Interpreter's Statement

Must be gro	NIID.				Form Approved: OMB No. 09 Expiration date: 7/	
_	-		CONSENT FOR	STERILIZATION		
who gave	NOTICE: YOUR DECI	ISION AT ANY TIME NEFITS PROVIDED	NOT TO BE STERILIZ BY PROGRAMS OR F	ZED WILL NOT RESULT IN THE WIT PROJECTS RECEIVING FEDERAL F	ΓHDRAWAL OR WITHHOL =UNDS.	.DING
information	■ CONS	ENT TO STERILIZA	TION ■	■ STATEMENT OF PERSON	NOBTAINING CONSENT	
about	I have asked for and r	received information a	bout sterilization from	Before (12) Judy Mars	519	ned the
sterilization	(1) Woman's OB/GY	N Group	When I first asked G	Name of II consent form, I explained to him/her		peration
	Doctor or for the information, I was		to be sterilized is com-	(13) Tubal Ligation	the hattire of sterilization of , the fact	
procedure	pletely up to me. I was told	I that I could decide no	t to be sterilized. If I de-	Specify Type of Operat.		and the
	cide not to be sterilized, my or treatment. I will not lose			intended to be a final and irreversible and benefits associated with it.	procedure and the discomfort	s, risks
	Federal funds, such as Ter	mporary Assistance for	Needy Families (TANF)	I counseled the individual to be		
	or Medicaid that I am now go I UNDERSTAND THAT T			birth control are available which are tion is different because it is permane		
	PERMANENT AND NOT F	REVERSIBLE. I HAVE	DECIDED THAT I DO	sterilized that his/her consent ca	an be withdrawn at any time	and that
	NOT WANT TO BECOME CHILDREN.	PREGNANT, BEAR (HILDREN OR FATHER	he/she will not lose any health so Federal funds.	ervices or any benefits prov	vided by
	I was told about those available and could be provi			To the best of my knowledge and		
	a child in the future. I have			at least 21 years old and appears mand voluntarily requested to be ster		
	sterilized. I understand that I will	he sterilized by an o	neration known as a	nature and consequences of the proc		2004
	(2) Tubal Ligation	-	The discomforts, risks	(14) Sue Thomas, R.N. Signature of Person Obtaining C	(15) 06/12/2	2024 ——
	Specify Type o			(16) Women's OB/GYN Gre	/	
	and benefits associated with my questions have been ans	n the operation have be swered to my satisfaction	en explained to me. All on.	Faci	ellity /	
	I understand that the ope after I sign this form. I under	eration will not be dor	ne until at least 30 days	(17) 433 10th Street, Pine		
	and that my decision at an	y time not to be steril	zed will not result in the		TEMENT ■	
	withholding of any benefit funded programs.			Shortly WOSI WATCH		
	funded programs. I am at least 21 years of a	ge and was born on: _	(3) 12/06/90	(18) JL.,	on (19) 07/17	/2024
	ı. (4) Judy Marsh		Date eby consent of my own	Name of Individual	Date of terili.	zation
	free will to be sterilized by _			I explained to him/her the nature of (20) Tubal Ligation	of the sterilization operation the fact the	nat it is
		Doctor	or Clinic	Specify Type of Operati	tion	
	by a method called (6)	I ubal Ligation Specify Type of Ope	. My	intended to be a final and irreversible and benefits associated with it.	procedure and the discomfort	s, risks
	consent expires 180 days fro			coun	at alternative me	
	I also consent to the rel about the operation to:	lease of this form and	other medical records	tion is di	DAYS I explained that	steriliza-
	Representatives of the		and Human Services	l infor		
	or Employees of prog but only for determining		ded by the Department	be withdrawn at any time and that he or benefits provided by Federal funds.	i.	
	I have received a copy of		▶	To the best of my knowledge and at least 21 years old and appears m		
	(7) Judy Marshall		(8) 06/12/2024	and voluntarily requested to be steril	lized and appeared to unders	
	Signature		Date	nature and consequences of the proce (Instructions for use of alterna		the first SIGN AFTE
	You are requested to sup quired: (Ethnicity and Race			paragraph below except in the case		
	Ethnicity:	Race (mark one or mo	re):	abdominal surgery where the sterilize after the date of the individual's sign		n those
	☐ Hispanic or Latino☐ Not Hispanic or Latino	American Indian or Asian		:ases, the second paragraph below araph which is not used.)	must be used. Cross out th	e para- COMPLETE
		Black or African A		(1) At least 30 days have passed		
		☐ Native Hawaiian o₁	Other Facilic Ipianuel	Jignature on this consent form a performed.	and the date the sterilizat	ion was
				(2) This sterilization was performed	d less than 30 days but more t	han 72
		RETER'S STATEME		hours after the date of the individu because of the following circumstan		
	If an interpreter is provided I have translated the info			information requested):	••	/
	dividual to be sterilized by	the person obtaining t	his consent. I have also	Premature delivery Individual's expected date of delive	ery: (21) 08/01/2024	/
	read him/her the consent for language and explained it			Emergency abdominal surgery (de		
	knowledge and belief he/she					/
	(10) Gloria Adams		(11) 06/12/2024	(22)	(00) 0747	2014
	Interpreter's Si	ianature	(11) 00/12/2024	(22) Thatch Strong, M.D.	(23) 07/17/2	<u>'UZ4</u>

ISSUED: REPLACED:

■ STATEMENT OF PERSON OBTAINING CONSENT ■

08/16/24 01/14/13

CHAPTER 5: PROFESSIONAL SERVICES

■ CONSENT TO STERILIZATION

APPENDIX B: FORMS

PAGE(S) 7

Sterilization Consent Form Example – Consent obtained at Least 30 Days prior to Sterilization without Interpreter's Statement

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.

Must be group or individual who gave information about sterilization procedure

Form Approved: OMB No. 0937-0166
Expiration date: 7/31/2025
CONSENT FOR STERILIZATION

(12) Judy Marshall I have asked for and received information about sterilization from Name of Individual sterilization (1) Woman's OB/GYN Group _ . When I first asked G consent form, I explained to him/her the nature of sterilization operation Doctor or Clinic (13) Tubal Ligation Specify Type of Operation _ , the fact that it is for the information, 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. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it. Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that steriliza-I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO tion is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER he/she will not lose any health services or any benefits provided by CHILDREN. Federal funds. I was told about those temporary methods of birth control that are To the best of my knowledge and belief the individual to be sterilized is 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 at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure. I understand that I will be sterilized by an operation known as a (15) 06/12/2024 Sue Thomas, R.N. (2) Tubal Ligation _____ . The discomforts, risks Signature of Person Obtaining Consent Specify Type of Operation (16) Women's OB/GYN Group and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction. Facility (17) 433 10th Street, Pine, LA 70776 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 Address MUST MATCH AN'S STATEMENT ■ 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 ... sterilization operation upon I am at least 21 years of age and was born on: (3) 12/06/90 (19) 07/17/2024 Judy Marshall Name of Individual Date of Sterilization (4) Judy Marshall , hereby consent of my own plained to him/her the nature of the sterilization operation free will to be sterilized by ____(5) Dr. Thatch Strong Tubal Ligation , the fact that it is Doctor or Clinic Specify Type of Operation by a method called ___(6) Tubal Ligation intended to be a final and irreversible procedure and the discomforts, risks Specify Type of Operation and bene I couns AT LEAST 30 DAYS consent expires 180 days from the date of my signature below birth cont I explained that steriliza-I also consent to the release of this form and other medical records tion is different because it is permanent. about the operation to:

quired: (Ethnicity and Race Designation Ethnicity: Race (ma. **CROSS OUT** Hispanic or Latino Ameri Not Hispanic or Latino Asian **PARAGRAPH** Black ₹ **NOT USED** Native White ■ INTERPRETER'S **COMPLETED** If an interpreter is provided to assist **APPLICABLE** I have translated the information a e individual to be sterilized by the persoread him/her the consent form in ____(9) Spanish language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(8) 06/12/2024

Date

(10) Gloria Adams (11) 06/12/2024

Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department

You are requested to supply the following information, but it is not re-

but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) Judy Marshall

Interpreter's Signature

Date

HHS-687 (07/2025)

abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.) (1) At least 30 days have passed between the date of the indi SIGN AFTER signature on this consent form and the date the sterilization SURGERY (2) This sterilization was performed less than 30 days but more th hours after the date of the individual's signature on this conse COMPLETED because of the following circumstances (check applicable box an information requested): Individual's expected date of delivery: (21) 08/01/2024 Premature delivery Emergency abdominal surgery (describe circumstances): (23) 07/17/2024 (22) 7hatch Strong, M.D. Date Physician's Signature

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services

To the best of my knowledge and belief the individual to be sterilized is

at least 21 years old and appears mentally competent. He/She knowingly

and voluntarily requested to be sterilized and appeared to understand the

paragraph below except in the case of premature delivery or emergency

(Instructions for use of alternative final paragraph: Use the first

benefits provided by Federal funds.

nature and consequences of the procedure.

ISSUED: REPLACED:

08/16/24 01/14/13

CHAPTER 5: PROFESSIONAL SERVICES

APPENDIX B: FORMS

PAGE(S) 7

Form Approved: OMB No. 0937-0166 Expiration date: 7/31/2025

CONSENT FOR STERILIZATION

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 ■	■ STATEMENT OF PERSON OBTAINING CONSENT ■
I have asked for and received information about sterilization from	Before (12) Judy Marshall signed the
(1) Woman's OB/GYN Group . When I first asked G	Name of Individual
Doctor or Clinic	consent form, I explained to him/her the nature of sterilization operation
for the information, 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. If I de-	(13) Tubal Ligation , the fact that it is Specify Type of Operation
cide not to be sterilized, my decision will not affect my right to future care	intended to be a final and irreversible procedure and the discomforts, risks
or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF)	and benefits associated with it.
or Medicaid that I am now getting or for which I may become eligible.	I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that steriliza-
I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED	tion is different because it is permanent. I informed the individual to be
PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER	sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by
CHILDREN.	Federal funds.
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	To the best of my knowledge and belief the individual to be sterilized is
a child in the future. I have rejected these alternatives and chosen to be	at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the
sterilized.	nature and consequences of the procedure.
I understand that I will be sterilized by an operation known as a	(14) Sue Thomas, R.N. (15) 06/12/2024
(2) Tubal Ligation . The discomforts, risks	Signature of Person Obtaining Consent Date
Specify Type of Operation and benefits associated with the operation have been explained to me. All	(16) Women's OB/GYN Group
my questions have been answered to my satisfaction.	(17) 400 400 0
I understand that the operation will not be done until at least 30 days	(17) 433 10th Street, Pine, LA 70776
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	Address
withholding of any benefits or medical services provided by federally	■ PHYSICIAN'S STATEMENT ■ Shortly before I performed a sterilization operation upon
funded programs. I am at least 21 years of age and was born on: (3) 12/06/90	(18) Judy Marshall (19) 07/17/2024
Date	Name of Individual On Date of Sterilization
I, (4) Judy Marshall , hereby consent of my own	I explained to him/her the nature of the sterilization operation
free will to be sterilized by(5) Dr. Thatch Strong	(20) Tubal Ligation , the fact that it is
Doctor or Clinic	Specify Type of Operation
by a method called (6) Tubal Ligation . My	intended to be a final and irreversible procedure and the discomforts, risks
Specify Type of Operation consent expires 180 days from the date of my signature below.	and benefits associated with it. I counseled the individual to be sterilized that alternative methods of
I also consent to the release of this form and other medical records	birth control are available which are temporary. I explained that steriliza-
about the operation to:	tion is different because it is permanent. I informed the individual to be sterilized that his/her consent can
Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department	be withdrawn at any time and that he/she will not lose any health services
but only for determining if Federal laws were observed.	or benefits provided by Federal funds.
I have received a copy of this form.	To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly
(7) Judy Marshall (8) 06/12/2024	and voluntarily requested to be sterilized and appeared to understand the
Signature Date	nature and consequences of the procedure. (Instructions for use of alternative final paragraph: Use the first
You are requested to supply the following information, but it is not re-	paragraph below except in the case of premature delivery or emergency
quired: (Ethnicity and Race Designation) (please check) Ethnicity: Race (mark one or more):	abdominal surgery where the sterilization is performed less than 30 days
Hispanic or Latino American Indian or Alaska Native	after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the para-
☐ Not Hispanic or Latino ☐ Asian	graph which is not used.)
Black or African American	(1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was.
☐ Native Hawaiian or Other Pacific Islander ☐ White	signature on this consent form and the date the sternization was performed.
withte	(2) This sterilization was performed less than 30 days but more than 72
■ INTERPRETER'S STATEMENT ■	hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in
If an interpreter is provided to assist the individual to be sterilized:	information requested):
I have translated the information and advice presented orally to the in- dividual to be sterilized by the person obtaining this consent. I have also	Premature delivery (21) 08/01/2024
read him/her the consent form in (9) Spanish	Premature delivery (21) 08/01/2024 Individual's expected date of delivery:
language and explained its contents to him/her. To the best of my	Emergency abdominal surgery (describe circumstances):
knowledge and belief he/she understood this explanation.	
(10) Gloria Adams (11) 06/12/2024	(22) Thatch Strong, M.D. (23) 07/17/2024
Interpreter's Signature Date	Physician's Signature Date
, ,	r nyololano Olghalaro Dale
HHS-687 (07/2025)	