

CONSENT FORM
PM 330

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 asked for and received information about sterilization from Chang Lee, M.D. When I first asked for the information, I was told that the decision to be sterilized is completely up to me.

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 available and could be provided to me which will allow me to bear or father a child in the future.

I understand that I will be sterilized by an operation known as a Bilateral Tubal Ligation.

The discomforts, risks and benefits associated with the operation have been explained to me. All of my questions have been answered 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 [Date] Mo Day Yr.

Last name grid

First name grid M.I. grid

hereby consent of my own free will to be sterilized by Chang Lee, M.D. by a

method called Bilateral Tubal Ligation.

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.
Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Signature of individual to be sterilized Date: Mo Day Yr

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent.

form in [Language] language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Signature of Interpreter Date: Mo Day Yr

STATEMENT OF PERSON OBTAINING CONSENT

Before [Signature] signed the consent form, I explained to him/her the nature of the sterilization operation Bilateral Tubal Ligation, the fact that it

is 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.

I informed the individual to be sterilized that his/her consent can be withdrawn at anytime and that he/she will not lose any health services or any 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. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

Signature of person obtaining consent Date: Mo Day Yr

Lee & Soto Medical Office

Name of Facility where patient was counseled

399 E Highland Ave Ste 223, San Bernardino, CA 92404

Address of Facility where patient was counseled City State Zip Code

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

[Signature] on [Date] Mo Day Yr (Date of Sterilization), I explained to him/her the nature of the

sterilization operation Bilateral Tubal Ligation, the fact that it is intended to be 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.

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 at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of Alternative Final Paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery when 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 below which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(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 because of the following circumstances (check applicable box below and fill in information requested.)

A [ ] Premature delivery date: [Date] Individual's expected date of delivery: [Date] (Must be 30 days from date of patient's signature).

B [ ] Emergency abdominal surgery; describe circumstances: [Text]

Signature of Physician performing surgery Date: Mo Day Yr