

Appendix G

SAMPLE INFORMED CONSENT FORM

For Subdermal Implant Acceptors

Benefits and Risks

- My physician and/or provider have discussed with me the benefits, risks, and side effects of using the subdermal implant.
- I understand that I may experience certain side effects, including but not limited to: menstrual bleeding irregularities, acne, headache, breast symptoms, weight gain, and abdominal pain.
- I am aware that there may be bruising and discomfort at the insertion site, and that there is a possibility that I may have an allergic reaction.
- Although the subdermal implant has been proven to be a very effective contraceptive method, I am aware that there is still a small chance of pregnancy (less than one pregnancy for every 100 women using subdermal implants for one year).

Procedure

- I understand that a local anesthetic will be used to reduce the pain and discomfort during the insertion procedure.
- I have informed my physician of any known allergies, particularly against local anesthetic agents, as well as ingredients contained in the subdermal implant.
- I am aware that the insertion and removal of the subdermal implant may leave a small scar, and that some individuals are predisposed to forming thickened and/or enlarged scars.
- I understand that the subdermal implant has to be removed after three years and that I am responsible for returning to the clinic to have it removed.

Voluntariness and Confidentiality

- My decision to have the subdermal implant inserted is completely voluntary. I have been made aware that this will not affect the services and/or treatment I receive in this facility.
- I understand that I may choose to discontinue using the subdermal implant at any time and for any reason. I may opt to have it removed at this facility, or in any other facility of my choosing.
- I have been assured that confidentiality for my personal information will be maintained.

Based on the information above, I, _____, freely give my consent for the physician to insert a subdermal implant in my

Printed Name

arm. My signature indicates that I have read and fully understand the statements printed above.

Signature

Date

Date: _____ Date: _____

Informed Consent Form for Sterilization Clients

I, _____, the undersigned, request that a Surgical Sterilization (☐ bilateral tubal ligation ☐ vasectomy) be performed on my person. I make this request of my own free will, without having been forced, pressured, or given any special inducement.

- I understand the following:
- ☐ There are temporary methods of contraception available to my partner and me.
 - ☐ The procedure to be performed on me is a surgical procedure, the details of which have been explained to me.
 - ☐ This surgical procedure involves risks, in addition to benefits, both of which have been explained to me.
 - ☐ The procedure should be considered permanent. However, no surgical procedure can be guaranteed to work 100% on all people. There is a small failure rate. If the procedure is successful, I will be unable to have any more children.
 - ☐ This surgical procedure will not protect me and my partner from sexually transmitted infections (STIs), including HIV (the virus that causes AIDS).
 - ☐ I can decide against the procedure at any time before the operation is performed (and no medical, health, or other benefits or services will be withheld from me as a result).

Signature or mark of the client Date

Signature of attending physician or delegated assistant Date

If the client cannot read, a witness of the client’s choosing, of the same sex and speaking the same language, must sign the following declaration:

I, the undersigned, attest to the fact that the client has affixed his/her thumbprint or mark in my presence.

Signature or mark of witness/spouse Date