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#### **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 in this appendix.

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

- Acknowledgement of Receipt of Hysterectomy Information (BHSF Form 96-A)
- **Physician Outpatient Visit Extension Form** (BHSF Form 158-A)
- **Request for Prior Authorization** (PA-01 Form)
- **Prior Authorization Request for Transplant** (TP-01 FORM)
- Referral for Pregnancy Related Dental Services (BHSF Form 9-M)
- **Request for Prescription Prior Authorization** (Form RXPA01)

The following forms are available at http://www.lamedicaid.com/provweb1/Forms/PCforms.htm

- Request for Hospital Pre-Admission Certification and LOS Assignment (PCF 01)
- Request for Hospitalization for Outpatient Procedures: Day of Admit or Day After Admit (PCF-02)

Instructions and a copy of the **Department of Health and Hospitals Office of Public Health Certification of Informed Consent-Abortion** form are available at:

 $\frac{http://new.dhh.louisiana.gov/assets/docs/Making\_Medicaid\_Better/RequestsforProposals/CC\_NPAppendices/AppendixNAbortionCertificationofInformedConsent.pdf}$ 

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

 $\underline{http://www.hhs.gov/opa/title-x-family-planning/initiatives-and-resources/documents-and-tools}$ 

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 recipient's signature.

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 the 37<sup>th</sup> week of 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.

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		Expira	: OMB No. 0937-016 ation date: 12/31/201
	CONSENT FOR	STERILIZATION	
	CISION AT ANY TIME NOT TO BE STERILIZ ENEFITS PROVIDED BY PROGRAMS OR P	ED WILL NOT RESULT IN THE WITHDRAWAL OR ROJECTS RECEIVING FEDERAL FUNDS.	R WITHHOLDING
■ CONS	SENT TO STERILIZATION	■ STATEMENT OF PERSON OBTAINING	CONSENT ■
	received information about sterilization from	Before (12)  Name of Individual	signed th
(1)	. When I first asked	consent form, I explained to him/her the nature of	sterilization operatio
Doctor of	told that the decision to be sterilized is com-		, the fact that it i
	that I could decide not to be sterilized. If I de-	Specify Type of Operation	_ , the lact that it i
cide not to be sterilized, my	y decision will not affect my right to future care	intended to be a final and irreversible procedure and	the discomforts, risk
	any help or benefits from programs receiving mporary Assistance for Needy Families (TANF)	and benefits associated with it.	
	getting or for which I may become eligible.	I counseled the individual to be sterilized that all birth control are available which are temporary. I ex	
I UNDERSTAND THAT T	THE STERILIZATION MUST BE CONSIDERED	tion is different because it is permanent. I informed	
	REVERSIBLE. I HAVE DECIDED THAT I DO PREGNANT, BEAR CHILDREN OR FATHER	sterilized that his/her consent can be withdrawn	at any time and that
CHILDREN.	FREGNANT, BEAR CHILDREN OR FATHER	he/she will not lose any health services or any Federal funds.	benefits provided b
	temporary methods of birth control that are	To the best of my knowledge and belief the individ	lual to be sterilized i
	vided to me which will allow me to bear or father e rejected these alternatives and chosen to be	at least 21 years old and appears mentally compete	
sterilized.	e rejected triese alternatives and crosen to be	and voluntarily requested to be sterilized and appear nature and consequences of the procedure.	ars to understand th
	be sterilized by an operation known as a	(14)	(15)
(2)	. The discomforts, risks	Signature of Person Obtaining Consent	Date
Specify Type of	of Operation	(16)	
	th the operation have been explained to me. All inswered to my satisfaction.	Facility	
I understand that the ope	eration will not be done until at least thirty days	(17)	
	erstand that I can change my mind at any time by time not to be sterilized will not result in the	Address	
	its or medical services provided by federally	■ PHYSICIAN'S STATEMENT	
funded programs.	age and was horn on: (3)	Shortly before I performed a sterilization operation	upon (19)
I am at least 21 years of a	age and was born on: (3)	(18) on	
I, (4)	, hereby consent of my own		Date of Sterilization
free will to be sterilized by		I explained to him/her the nature of the sterilizati (20)	- Carlotte Control of the Control of
,	Doctor or Clinic	Specify Type of Operation	, the fact that it is
by a method called (6)	. My	intended to be a final and irreversible procedure and	the discomforts, risk
	Specify Type of Operation	and benefits associated with it.  I counseled the individual to be sterilized that al	tarnativa mathade a
	from the date of my signature below. elease of this form and other medical records	birth control are available which are temporary. I ex	
about the operation to:	F 20 725025 300 70300 744 00	tion is different because it is permanent.	
	e Department of Health and Human Services,	I informed the individual to be sterilized that be withdrawn at any time and that he/she will not los	
	grams or projects funded by the Department if Federal laws were observed.	or benefits provided by Federal funds.	1,5/
I have received a copy o		To the best of my knowledge and belief the individ	
(7)	(8)	at least 21 years old and appears mentally competer and voluntarily requested to be sterilized and appear	
Signature		nature and consequences of the procedure.	
	upply the following information, but it is not re-	(Instructions for use of alternative final para paragraph below except in the case of premature d	graph: Use the firs
quired: (Ethnicity and Race	e Designation) (please check)	abdominal surgery where the sterilization is perform	
Ethnicity:  Hispanic or Latino	Race (mark one or more):  American Indian or Alaska Native	after the date of the individual's signature on the co	onsent form. In thos
Not Hispanic or Latino		cases, the second paragraph below must be used. graph which is not used.)	Cross out the para
	Black or African American	(1) At least thirty days have passed between the d	ate of the individual
	Native Hawaiian or Other Pacific Islander	signature on this consent form and the date t	
	White	performed. (2) This sterilization was performed less than 30 da	ivs but more than 7
■ INTERF	PRETER'S STATEMENT	hours after the date of the individual's signature of	on this consent form
	ed to assist the individual to be sterilized:	because of the following circumstances (check applianted):	licable box and fill it
	ormation and advice presented orally to the in-	information requested): ☐ Premature delivery	
	the person obtaining this consent. I have also	Individual's expected date of delivery: (2	1)
read him/her the consent for	its contents to him/her. To the best of my	☐ Emergency abdominal surgery (describe circums	tances):
	ne understood this explanation.	-	
Knowledge and belief hersi			
(10)	(11)	(22)	(23)

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# **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

and 23)

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 Y Y	N N N	Are all blanks filled in and legible? Is the physician signature and date present? (Lines 22 and 23) 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.)
Y	N	<ul> <li>If 30 days have not passed, does one of the following conditions exist?</li> <li>Premature delivery (or early delivery)</li> <li>Emergency abdominal surgery</li> </ul>
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

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## Sterilization Consent Form Example - without Interpreter

	Form Approved: OMB No. 0937-0166 Expiration date: 12/31/2012
CONSENT FOR	STERILIZATION
NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZ OF ANY BENEFITS PROVIDED BY PROGRAMS OR F	ZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING 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	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) Tubal Ligation the fact that it is
pletely up to me. I was told that I could decide not to be sterilized. If I de-	Specify Type of Operation
cide 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
Federal funds, such as Temporary Assistance for Needy Families (TANF)	and benefits associated with it.  I counseled the individual to be sterilized that alternative methods of
or Medicaid that I am now getting or for which I may become eligible. I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED.	birth control are available which are temporary. I explained that steriliza-
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 CHILDREN.	he/she will not lose any health services or any benefits provided by
I was told about those temporary methods of birth control that are	Federal funds.  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
sterilized	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	(14) See Those, RM (15) 06/12/2011
(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) Woman's OB/GYN Group
my questions have been answered to my satisfaction.	Facility
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	(17) 433 10th Street, Pine, LA 70776
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 funded programs.	Shortly before, serto med a sterilization operation upon (19)
I am at least 21 years of age and was born on: (3)12/06/1984	(18) Judy (a) half on 07/01/2011
Date	Date Sterilization
I. 4 Judy Marshall hereby consent of my own	explained a linkher the nature of the statistion operation
free will to be sterilized by (5) Dr. Thatch Strong	(20) Ligation , the fact that it is
Doctor or Clinic by a method called (6) Tubal Ligation My	Specify Type of Operating in the discomforts, risks
Specify Type of Operation	and benefits associated with
consent expires 180 days from the date of my signature below	
	dransped the character for be sterilized that alternative chois of
I also consent to the release of this form and other medical records about the operation to:	ordinated the many for be sterilized that alternative hots of the control of any industry much are temporary. I explained the steelization of the steeling
about the operation to:  Representatives of the Department of Health and Human Services.	parised the manufacture of the sterilized that alternative choice of the control of which are temporary. I explained that stellization in different precapier is a permisornt.  I informed that individual to be sterilized that his/her depend can
about the operation to.  Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department.	control and which are temporary. I explained the liza- in ordifferent receipe it is permanent.
about the operation to:  Representatives of the Department of Health and Human Services.	partiseted the manufacture of the sterilized that alternative choice of the control of advertise which are temporary. I explained that steelization in different threating in the control of the sterilized that his/her desent informed the individual to be sterilized that his/her desent can be withdrawn at any time and matthe/she will not lose any head sterilized or benefits provided by Federal funds.  To the best of my knowledge and belief the individual to be willized is
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.	persured the manufacture of the sterilized that alternative countries of he confrol an average which are temporary. I explained that stellization is different heraffer it is permakent.  I informed the individual to be sterilized that his/her desent can be withdrawn at any time an matherane will not lose any help the individual to be remained by the provided by Federal funds.  To the best of my knowledge and belief the individual to be allized is affeast 21 years old and amars mentally competent. He/Shp movingly and voluntarily requested less statistical and appropriate that any proposed to the statistical and appropriate that any proposed to the statistical and appropriate and appropriate the statistical and appropriate the
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.	persured the manufacture of the sterilized that alternative choice of the control of a varieties which are temporary. I explained that teelitzative different herapset is permakent indifferent herapset is permakent indifferent herapset is permakent indifferent herapset is permakent in the permakent indifferent herapset is permakent in the permakent indifferent herapset in the permakent in the permakent in the permakent indifferent herapset in the permakent in th
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.  (7) Judy Marshall.  (8) 06/12/2011  Signature  You are requested to supply the following information, but it is not re-	continued the manner of the sterilized that alternative control of a varieties which are temporary. I explained that telelization is different breather it is permakent.  Informed the individual to be sterilized that his/her devent can be withdrawn at any time an inat he/she will not lose any helicity and control or benefits provided by Fedical funds.  To the best of my knowlesse and belief the individual to be relitized is a feast 21 years old and agrains mentally competent. He/She movingly and voluntarily requested to sterilized and appeared to unitariand the nature and consequences of the procedure.  (Instructions for use of alternative final paragraph: Use he first paragraph believe expeditions.
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.  (7) Judy Marshall  Signature  You are requested to supply the following information, but it is not required: (Ethnicity and Race Designation) (please check)	or benefits frovided by Feda in Inds  To Vie best of my knowless and belief the individual to be litized is alreast 21 years old and assears mentally competent. He/Sha movingly and voluntarily requested the sterilized and appeared to unashind the nature and consequences of the procedure.  (Instructions for use of atternative final paragraph: paragraph below except in the case of premature delivery or propercy abdominal surgery where the terrization is performed less that have
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.  [7] Judy Marshall (8) 06/12/2011  Signature Date  You are requested to supply the following information, but it is not re- pured: (Ethnicity and Race Designation) (please check)  Hispanic or Latino American Indian or Alaska Native	or benefits frovided by Feda in Inds  To Vie best of my knowless and belief the individual to be litized is alreast 21 years old and assears mentally competent. He/Sha movingly and voluntarily requested the sterilized and appeared to unashind the nature and consequences of the procedure.  (Instructions for use of atternative final paragraph: paragraph below except in the case of premature delivery or propercy abdominal surgery where the terrization is performed less that have
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.  (7) Judy MARSHALL  Signature  You are requested to supply the following information, but it is not required. (Ethnicity and Race Designation) (please check) Race (mark one or more): Hispanic or Latino Asian  Not Hispanic or Latino Asian	or benefits frovided by Feda i funds.  To the best of my knowless and belief the individual to be mitized is at east 21 years oid and assurars mentally competent. He/She movingly and voluntarily requested by sterilized and appeared to unature and consequences of the procedure.  (Instructions for use of atternative final paragraph: the first paragraph below except if the case of premature delivery or dispersion between the left paragraph at the case of premature delivery or dispersion at the consequence of the individuals appeared to the individual to be individual to the individual to be individual to the i
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.    1	or benefits frovided by Feda i funds.  To the best of my knowless and belief the individual to be mitized is at east 21 years oid and assurars mentally competent. He/She movingly and voluntarily requested by sterilized and appeared to unature and consequences of the procedure.  (Instructions for use of atternative final paragraph: the first paragraph below except if the case of premature delivery or dispersion between the left paragraph at the case of premature delivery or dispersion at the consequence of the individuals appeared to the individual to be individual to the individual to be individual to the i
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.  The received a copy of this form.  (8) 06/12/2011  Signature  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):  Hispanic or Latino  Not Hispanic or Latino  Native Hawaiian or Other Pacific Islander	or benefits frovided by Fedan funds.  To the best of my knowless and belief the individual to be bilized is a feast 21 years old and assars mentally competent. He/Sha movingly and voluntarily requested less sterilized and appeared to unaband the nature and consequences of the procedure.  (Instructions for use of atternative final paragraph: the first paragraph below except in the case of premature delivery or paragraph abdominal surgery where the tertization is performed less the sool days after the date of the indiviners agnature on the consent form in those cases, the second paragraph below must be used. Cross out for paragraph which is not used.)  (1) At least thirty days have assed between the date of the musticulars signature on this consent form and the date the sterilization was performed.
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.  The received a copy of this form.    (8) 06/12/2011	or benefits frovided by Fedan funds.  To the best of my knowless and belief the individual to be bilized is a feast 21 years old and assars mentally competent. He/Sha movingly and voluntarily requested less sterilized and appeared to unaband the nature and consequences of the procedure.  (Instructions for use of atternative final paragraph: the first paragraph below except in the case of premature delivery or paragraph abdominal surgery where the tertization is performed less the sool days after the date of the indiviners agnature on the consent form in those cases, the second paragraph below must be used. Cross out for paragraph which is not used.)  (1) At least thirty days have assed between the date of the musticulars signature on this consent form and the date the sterilization was performed.
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.  Thave received a copy of this form.    (8) 06/12/2011   Signature   Date	or benefits frovided by Feda i funds.  To the best of my knowless and belief the individual to be litized is a least 21 years old and assuras mentally competent. He/Sha movingly and voluntarily requested the sterilized and appeared to unashing the nature and consequences of the procedure.  (Instructions for use of atternative final paragraph: the first paragraph below except in the case of premature delivery or pergency abdominal surgery where the tertization is performed less than 50 days after the date of the individuals signature on the consent form in hose cases, the second paragraph which is not used.  (1) At least thirty days high assed between the date of the true victual's signature on this consent form and the date the sterilization was performed.  (2) This sterilization was a sermed less than 30 days but mass han 72
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.    August   Barrie   Barrie	or benefits frovided by Fedia funds  To Jih best of my knowless and belief the individual to be militzed is a least 21 years old and assurar mentally competent. He/She movingly and voluntarily requested the sterilized and appeared to understand the nature and consequences of the plocedure.  (Instructions for use of hiterhative final paragraph: Use he first paragraph below except in the case of premature delivery or argency abdominal surgery where he leftization is performed less than 50 days after the date of the individuals signature on the consent for the cases, the second paragraph elew must be used. Cross out the paragraph which is not used.)  (1) At least thirty days hip asset between the date of the tax vicual's signature on this consent form and the date the sterilization was performed.  (2) This sterilization was sermed less than 30 days but mess han 72 hours after the date of the dividual's signature on this consent form the cause of the following of constances (check applicable beautiful firm information requested):
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.    Signature	or benefits frovided by Fedan funds.  To We best of my knowless and belief the individual to be militzed is at east 21 years old and assurar mentally competent. He/She movingly and voluntarily requested to sterilized and appeared to understand the nature and consequences of the procedure.  (Instructions for use of atternative final paragraph: the first paragraph below except in the case of premature delivery or districtions between the date of the individuals after the date of the individuals genature on the consent form nose cases, the second paragraph below must be used. Cross oil the paragraph which is not used.)  (1) At least thirty days have asked between the date of the thirty days have asked between the date of the thirty days have asked between the date of the thirty days have asked between the date of the paragraph which is consent form and the date the sterilization performed.  (2) This sterilization was arread less than 30 days but may han 72 hours after the date of the dividual's signature on this or and fill in information requested):    Premature delivery (21)
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.  There received a copy of this form.    (8) 06/12/2011	or benefits frovided by Feda i funds.  To the best of my knowless and belief the individual to be distributed in a least 21 years old and assurar mentally competent. He/She movingly and voluntarily requested to strillized and appeared to unassurable the nature and consequences of the procedure.  (Instructions for use of atternative final paragraph: the first paragraph below except if the case of premature delivery or adjective addeninal surgery where the tertization is performed less the storage after the date of the individual's signature on the consent for an those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)  (1) At least thirty days high assed between the date of the storage of the following discussions (21).  Every premature delivery (21) Individual's expected date of delivery.
Asian Black or African American   Asian   Asia	or benefits frovided by Fedan funds.  To We best of my knowless and belief the individual to be militzed is at east 21 years old and assurar mentally competent. He/She movingly and voluntarily requested to sterilized and appeared to understand the nature and consequences of the procedure.  (Instructions for use of atternative final paragraph: the first paragraph below except in the case of premature delivery or districtions between the date of the individuals after the date of the individuals genature on the consent form nose cases, the second paragraph below must be used. Cross oil the paragraph which is not used.)  (1) At least thirty days have asked between the date of the thirty days have asked between the date of the thirty days have asked between the date of the thirty days have asked between the date of the paragraph which is consent form and the date the sterilization performed.  (2) This sterilization was arread less than 30 days but may han 72 hours after the date of the dividual's signature on this or and fill in information requested):    Premature delivery (21)
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.  Thave received a copy of this form.    (8) 06/12/2011	or benefity frovided by Fedia furds.  To Jih best of my knowled and belief the individual to be distributed is a least 21 years old and seast mentally competent. He/She movingly and voluntarily requested to stemplar and appeared to under and the nature and consequences of the procedure.  (Instructions for use of hiterhative final paragraph: Use he first paragraph below except in the case of premature delivery or addominal surgery where he tertization is performed less the 50 days after the date of the individues signature on the consent for the cases, the second paragraph below must be used. Cross out the paragraph which is not used.)  (1) At least thirty days hips assed between the date of the trividual's signature on this consection and the date the sterilection was performed.  (2) This stenitization was secured less than 30 days but massition from brown after the date of the dividual's signature on this consection of the following distinctions of th
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.    August   Barrie   Barrie	or benefits frovided by Feda i funds.  To the best of my knowless and belief the individual to be distributed in a least 21 years old and assurar mentally competent. He/She movingly and voluntarily requested to strillized and appeared to unassurable the nature and consequences of the procedure.  (Instructions for use of atternative final paragraph: the first paragraph below except if the case of premature delivery or adjective addeninal surgery where the tertization is performed less the storage after the date of the individual's signature on the consent for an those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)  (1) At least thirty days high assed between the date of the storage of the following discussions (21).  Every premature delivery (21) Individual's expected date of delivery.

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02/01/12 02/01/94

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## Sterilization Consent Form Example - without Interpreter

Form Approved. OMB No. 0937-0166 Expiration date: 12/31/2012

#### CONSENT FOR STERILIZATION

NOTICE: YOUR DE OF ANY E	CISION AT ANY TIME I BENEFITS PROVIDED E	NOT TO BE STERILI BY PROGRAMS OR	ZED WILL I PROJECTS	NOT RESULT IN THE V RECEIVING FEDERAL	WITHDRAWAL L FUNDS	OR WITHHOLDING
■ CON	ISENT TO STERILIZAT	ION III	s	TATEMENT OF PERSO	ON OBTAININ	G CONSENT
	received information abo	ut sterilization from	24000000	(12) Judy Marsh	a11	signed the
(1) Woman's OB/		. When I first asked	consent		f Individual	
	or Clinic s told that the decision to			form. I explained to him/I Tubal Ligation	er the nature	
pletely up to me. I was to	id that I could decide not to	o be sterilized if I de-	1131	Specify Type of Open	ration	the fact that it is
cide not to be sterilized, r	my decision will not affect r	my right to future care	intended	to be a final and irreversit		of the discomfeder sister
or treatment. I will not los	se any help or benefits from	m programs receiving	and bene	fits associated with it.		
or Medicaid that I am now	emporary Assistance for No getting or for which I may I	eedy Families (TANF)	1 coun	seled the individual to be	sterilized that	alternative methods of
LUNDERSTAND THAT	THE STERILIZATION MUS	ST BE CONSIDERED	birth con	trol are available which a	re temporary. I	explained that steriliza-
PERMANENT AND NOT	REVERSIBLE I HAVE D	DECIDED THAT I DO		ferent because it is perma that his/her consent of		
NOT WANT TO BECOME CHILDREN.	E PREGNANT, BEAR CHI	LDREN OR FATHER	he/she v	vill not lose any health	services or any	benefits provided by
	e temporary methods of i	high control that are	Federal 1	unds.		3 3
available and could be pro	ovided to me which will allow	w me to bear or father	To the	best of my knowledge an	d belief the indiv	vidual to be sterilized is
a child in the future. I have	ve rejected these alternativ	ves and chosen to be	and volu	1 years old and appears of the state of the	mentally compe	tent. He/She knowingly
sterilized.			nature ar	id consequences of the pri	nnzeu anu app	ears to understand the
	l be sterilized by an ope		(14)	Sue Thorn 291		6)06/12/2011
(2) Tubal Ligat:		he discomforts, risks	Sign	eature of Person Obtaining		Date
Specify Type and benefits associated w	of Operation ith the operation have been			oman's OB/GYN G		Date
my questions have been a	inswered to my satisfaction	n explained to me. All	1		cility	
I understand that the op	peration will not be done un	ntil at least thirty days.	(17) 4	33 10th Street,		70776
after I sign this form. I und	derstand that I can change	my mind at any time			iress	
and that my decision at a withholding of any henei	ny time not to be sterilized fits or medical services p	I will not result in the		PHYSICIAN'S	STATEMEN	т .
hinded programe			Shortly	before I performed a steri	lization operation	n upon (19)
I am at least 21 years of	age and was born on: (3)	12/06/1984	(18)	ludy Marshall	on	07/01/2011
		Date	1337	Name of Individual	On	Date of Sterilization
I. (4) Judy Mars	hall hereb	y consent of my own	I explaine	ed to him/her the nature	of the steriliza	floor contration
free will to be sterilized by	(5) Dr. Thatch	Strong		bal Ligation	or the attribute	
	Doctor or	Clinic	1	Specify Type of Opera	phon	, the fact that it is
by a method called (6)		. My	intended	o be a final and irreversible	e procedure and	the discomforts, risks
N 0 1000	Specify Type of Opera		and bene	its associated with it.		
consent expires 180 days	from the date of my signatu	are below	l couns	eled the individual to be rol are available which are	sterilized that a	alternative methods of
about the operation to	elease of this form and o	other medical records		erent because it is perman		xplained that steriliza-
	ne Department of Health a	and Human Services.	l inform	ned the individual to be	sterilized that	his/her consent can
or Employees of pro	grams or projects funded	by the Department	be withdra	twn at any time and that h	e/she will not lo	se any health services
I have received a copy of	ng if Federal laws were obs	erved.	or benefit	provided by Federal fund	s	
			at least 2	est of my knowledge and years old and appears n	Delief the indivi	dual to be sterilized is
(7) Judy Marsh	all (8)	06/12/2011	and volun	tarily requested to be steri	lized and appea	ant. Herone knowingly
Signature	,	Date	nature and	consequences of the pro	cedure	
You are requested to su	apply the following informa-	ation, but it is not re-	(Instruc	tions for use of alterna	stive final para	agraph: Use the first
uired (Ethnicity and Race thnicity:	Designation) (please check Race (mark one or more)	ck)	abdomina	below except in the case surgery where the sterile	ration is perform	delivery or emergency
Hispanic or Latino	American Indian or Al		after the	late of the individual's sig	nature on the c	consent form. In those
Not Hispanic or Latino	Asian	BUNG INDUFC	cases, the	second paragraph below	must be used	. Cross out the para-
10	Black or African Amer	ican	graph who	ch is not used.)		
	Native Hawaiian or Ot		signature	ast thirty days have passe on this consent form :	3 between the c	date of the individual's
	White		performed			
		_ 1	(2) This	sterilization was performed	d less than 30 d	ays but more than 72
	PRETER'S STATEMENT	A 1 C	nours afte	r the date of the individu	ual's signature	on this consent form
If an interpreter is provide	ed to assist the individual to	be sterilized:	informatio	of the following circumstar in requested):	ices (check app	olicable box and fill in
I have translated the info	ormation and advice prese	nted orally to the in-		ure delivery	(21)	
ead him/her the consent to	the person obtaining this orm in (9)	consent. I have also		al's expected date of deliv		/2011
	its contents to him/her.	To the best of my	☐ Emerge	ency abdominal surgery (o	lescribe circums	tances)
nowledge and belief he/sh	e understood this explanat	ion.	1,000			CONTRACTOR
				11.		
(10)		(11)	(22)	Thatob Strong, MD	/221	07/09/2011
Interpreter's S	ignature	Date	1227	Physician's Signature	(23)	07/08/2011
HHS-687 (05/10)	Sec. 2	2000		r nysician s signature		Date

ISSUED: REPLACED:

02/01/12 02/01/94

**CHAPTER 5: PROFESSIONAL SERVICES** 

**APPENDIX B: FORMS** 

PAGE(S) 9

## Sterilization Consent Form Example - with Interpreter

Must be group or individual who gave information	about sterilization procedure
	Form Approved: OMB No. 0937-0166
CONSENT FOR	STERILIZATION Expiration date: 12/31/2012
	ZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING
OF ANY BENEFITS PROVIDED BY PROGRAMS OR I	ZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING 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	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) Tubal Ligation the fact that it is
pletely up to me. I was told that I could decide not to be sterilized is com-	Specify Type of Operation , the fact that it is
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 counseted 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
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 at least 21 years old and appears mentally competent. He/She knowingly
a child in the future. I have rejected these alternatives and chosen to be sterilized.	and voluntarily requested to be sterilized and appears to understand the
I understand that I will be sterilized by an operation known as a	nature and consequences of the procedure.
(2) Tubal Ligation . The discomforts, risks	(14) Sue Thom. 2H (15) 06/12/2011
Specify Type of Operation	Signature of Person Obtaining Consent Date
and benefits associated with the operation have been explained to me. All	(16) Woman's OB/GYN Group Facility
my questions have been answered to my satisfaction.  I understand that the operation will not be done until at least thirty 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 withholding of any benefits or medical services provided by federally	Address  PAY ICIAN'S STATEMENT  Shortly before I product a sertilization operation upon (19)  (18) Judy  07/01/2011
funded programs	Shortly before I pand relia sterilization operation upon (19)
I am at least 21 years of age and was born on: (3)12/06/1984	(18) Judy to cold on 07/01/2011
I. (4) Judy Marshall hereby consent of my own	18 Judy   19   19   19   19   19   19   19   1
free will to be sterilized by (5) Dr. Thatch Strong	I explained a kinemer the nature of the statistation operation
Doctor or Clinic	the fact that it is
by a method called (6) Tubal Ligation My	the deal by a final and ignorated procedure and the discomforts, lisks
Specify Type of Operation	and be leftly associated with it.
consent expires 180 days from the date of my signature below.  I also consent to the release of this form and other medical records	I explained in the nature of the characterism of serilization of serilization aperation (20 Auth 1/gation the nature of the characterism of the fact that it is 3 peculy Type of Organia the fact that it is 1 peculiar to the fact that it is 1 peculiar to the fact that it is 5 permanent. It is permanent. It is permanent. It informed is a maintain shrich are temporary. I explained the present can be withdrawped any time age and the shrike of the same temporary or benefits provided by Federal funds.  To the best of my knowled and belief the individual to be a sterilized and speared to understand the nature and consequences give procedure. (Instructions for use of sterilized and appeared to understand the paragraph below except in the case of premature delivery or bergency abdominal surgery where the sterilization is performed less they of lays after the date of the individuals signature on the consent to fair those cases, the second paragraph below must be used. Cross or the paragraph which is not used.)  (1) At least thirty days have passed between the date of the sterilization was performed.
about the operation to:	fonts differed second it is permanent.
Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department	informed and individual to the sterilized that his/her classifit can
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 lized is
(7) Judy Marshall (8) 06/12/2011	and voluntarily requested to be sterilized and appeared to understand the
Cignoture	nature and consequences of procedure
You are requested to supply the following information of its not re-	paragraph below except in the case of premature delivery or paragraph.
Ethnicity: Race (mark one or more)	abdominal surgery where the sterlization is performed less the to days
Hispanic or Latino American Indian or American attive	after the date of the individuals signature on the consent force those cases, the second paragraph below must be used. Cross of the consent force of the con
☐ Not Hispanic or Latino ☐ Asian ☐ Black or African Am	graph which is not used.)
Native Hawaiian or Other Spicific Islander	(1) At least thirty days have dassed between the date of the savidual's
White	performed.
INTERPRETER'S STATEMENT	(2) This sterilization was seemed less than 30 days but more than 72
	performed.  (2) This sterilization was the mred less than 30 days but mitted an 72 hours after the date of the sividual's signature on this constitution because of the following compostances (check applicable be and till in information requested).
If an interpreter is provided to assist the individual at be sterificed: I have translated the information and advice presented really to the individual to be sterifized by the person obtaining this convent.  I spanish Spanish Spanish.	
dividual to be sterilized by the person obtaining this coment. have also	Premature delivery (21)
Character and the control of the con	Individual's expected date of delivery: 08701/2011  Emergency abdominal surgery (describe circumstances).
language and explained its contents to him/her the test of my knowledge and belief he/she understood this explanation.	and, and anguly (describe accomstances).
Olavia Carrez	<b>—</b>
(11) 00/12/2011	(22) Thated Strong MD (23) 07/08/2011
Interpreter's Signature Date HHS-687 (05/10)	Physician's Signature Date

**ISSUED:** 02/01/12 **REPLACED:** 02/01/94

**CHAPTER 5: PROFESSIONAL SERVICES** 

**APPENDIX B: FORMS** PAGE(S) 9

# Sterilization Consent Form Example - with Interpreter

Form Approved: OMB No. 0937-0168 Expiration date: 12/31/2012

#### CONSENT FOR STERILIZATION

NOTICE: YOUR DI OF ANY	ECISION AT ANY TIME NOT TO BE STERILL BENEFITS PROVIDED BY PROGRAMS OR F	ZED WILL NOT RESULT IN THE WITHD PROJECTS RECEIVING FEDERAL FUN	RAWAL OR WITHHOLDING
■ co	NSENT TO STERILIZATION	STATEMENT OF PERSON OF	STAINING CONSENT
I have asked for and (1) Woman's OB	d received information about sterilization from /GYN Group . When I first asked	Before (12) Judy Marshall Name of Indivi	signed the
Docto	r or Clinic	consent form, I explained to him/her the	nature of sterilization operation
for the information, I wa	as told that the decision to be sterilized is com-	(13) Tubal Ligation	, the fact that it is
cide not to be sterilized	old that I could decide not to be sterilized. If I de-	Specify Type of Operation	
or treatment. I will not lo	my decision will not affect my right to future care use any help or benefits from programs receiving	intended to be a final and irreversible prod	cedure and the discomforts, risks.
Federal funds, such as T or Medicaid that I am no I UNDERSTAND THAT PERMANENT AND NOT NOT WANT TO BECON CHILDREN.	emporary Assistance for Needy Families (TANF) wegeting or for which I may become eligible. ITHE STERILIZATION MUST BE CONSIDERED TREVERSIBLE. I HAVE DECIDED THAT I DO IE PREGNANT, BEAR CHILDREN OR FATHER	and benefits associated with it. I counseled the individual to be sterill birth control are available which are term tion is different because it is permanent. I sterilized that his/her consent can be he/she will not lose any health service Federal funds.	porary. I explained that sterifiza- I informed the individual to be withdrawn at any time and that
available and could be or	se temporary methods of birth control that are rovided 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 ha sterilized	ive rejected these alternatives and chosen to be	at least 21 years old and appears mental and voluntarily requested to be sterilized nature and consequences of the procedure	and appears to understand the
I understand that I w	ill be sterifized by an operation known as a	(14) Sue 76ons. RM	(15) 06/12/2011
(2) Tubal Ligat		Signature of Person Obtaining Conse	A CONTRACTOR OF CONTRACTOR
Specify Type	of Operation	(16) Woman's OB/GYN Group	
my questions have been	with the operation have been explained to me. All answered to my satisfaction.	Facility	
I understand that the o	peration will not be done until at least thirty days	(17) 433 10th Street, Pin	e, LA 70776
after I sign this form. I un	nderstand that I can change my mind at any time	Address	0, 0, 70,70
and that my decision at	any time not to be sterilized will not result in the effits or medical services provided by federally	PHYSICIAN'S STA	TEMENT .
Unded programs	The state of the s	Shortly before I performed a sterilization	operation upon (19)
I am at least 21 years o	dage and was born on: (3)12/06/1984	(18) Judy Marshall	on 07/01/2011
	Date	Name of Individual	Date of Sterilization
I, (4) Judy Mars		I explained to him/her the nature of the	sterilization operation
ree 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 Specify Type of Operation	intended to be a final and irreversible proce	edure and the discomforts, risks
consent expires 180 days	from the date of my signature below.	and benefits associated with it.  I counseled the individual to be sterika	ad that alternative material of
I also consent to the	release of this form and other medical records	birth control are available which are temp	orary. I explained that steriliza-
about the operation to:		tion is different because it is permanent.	
or Employees of the	he Department of Health and Human Services, ograms or projects funded by the Department	I informed the individual to be sterilized be withdrawn at any time and that he/she withdrawn at any time at	zed that his/her consent can
but only for determin	ing if Federal laws were observed.	or benefits provided by Federal funds.	
have received a copy	of this form.	To the best of my knowledge and belief	the individual to be sterilized is
7) Judy Marsh	nall (8) 06/12/2011	at least 21 years old and appears mentally	competent He/She knowingly
Signatur		and voluntarily requested to be sterilized a nature and consequences of the procedure	nd appeared to understand the
	upply the following information, but it is not re-	(instructions for use of alternative f	inal paragraph. Use the first
ulfed: (Ethnicity and Rec	te Designation) (please check)	paragraph below except in the case of pre	emature delivery or emergency
thnicity:  Hispanic or Latino	Race (mark one or more):	abdominal surgery where the sterilization is after the date of the individual's signature	on the consent form in these
Not Hispanic or Latino	American Indian or Alaska Native Asian	cases, the second paragraph below must	be used. Cross out the para-
2 THE PROPERTY OF LEGISLE	Black or African American	graph which is not used.)	
	Native Hawaiian or Other Pacific Islander	(1) At least thirty days have passed between signature on this consent form and the	een the date of the individual's
	White	performed	
■ INTED	ODETEDIO OTATEMENT B	(2) This sterilization was performed less t	han 30 days but more than 72
	PRETER'S STATEMENT	hours after the date of the individual's si because of the following circumstances (c	gnature on this consent form
I have translated the inf	ed to assist the individual to be sterilized: formation and advice presented orally to the in-	information requested):	
ividual to be sterilized by	the person obtaining this consent I have also	Premature delivery (21	08/01/2011
ead him/her the consent f	ormin (9) Spanish		
inguage and explained	its contents to him/her. To the best of my he understood this explanation.	Emergency abdominal surgery (describe	circumstances):
(10) Gloria go	mez (11) 06/12/2011 Signature Date	(22) Thatel Street MD	(00) 00 (0
Interpreter's	Signature Date	(22) Thatob Strang, MD Physician's Signature	(23) 07/08/2011
HHS-687 (05/10)	Date	Physician's Signature	Date

ISSUED: REPLACED:

02/01/12 02/01/94

**CHAPTER 5: PROFESSIONAL SERVICES** 

**APPENDIX B: FORMS** 

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La. OFS Form 24	
Revised 1/86	
IV	
1/82 issue usable	

# Diagnostic and/or Laboratory Equipment

Name:

Provider Number:

Address: Pay to Number:

## Diagnostic and/or Laboratory Test Equipment

Make	Model	Serial #	Capabilities