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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 www.lamedicaid.com 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:

http://www.hhs.gov/opa/order-publications/#pub_sterilization-pubs

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 37th 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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Form Approved: OMB No. 0937-0166 Expiration date: 10/31/2015

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.

■ CON	SENT TO STERILIZATION	■ STATEMENT OF PERSON OB	TAINING CONSENT
I have asked for and	received information about sterilization from	Before (12)	signed the
(1)	When I first asked	Name of Individ	
	or Clinic s told that the decision to be sterilized is com-	consent form, I explained to him/her the (13)	
pletely up to me. I was to	Id that I could decide not to be sterilized is com-	Specify Type of Operation	. the fact that it is
cide not to be sterilized, r	my decision will not affect my right to future care	intended to be a final and irreversible proce	dura and the discomfode colo
or treatment. I will not los	se any help or benefits from programs receiving	and benefits associated with it.	edure and the disconnoits, lisks
	emporary Assistance for Needy Families (TANF) getting or for which I may become eligible.	I counseled the individual to be sterilize	ed that alternative methods of
	THE STERILIZATION MUST BE CONSIDERED	birth control are available which are temp	
PERMANENT AND NOT	REVERSIBLE. I HAVE DECIDED THAT I DO	tion is different because it is permanent. I sterilized that his/her consent can be	withdrawn at any time and the
	E PREGNANT, BEAR CHILDREN OR FATHER	he/she will not lose any health services	or any benefits provided b
HILDREN.	e temporary methods of birth control that are	Federal funds.	
available and could be pro	ovided to me which will allow me to bear or father	To the best of my knowledge and belief at least 21 years old and appears mentali	the individual to be sterilized i
child in the future. I have	ve rejected these alternatives and chosen to be	and voluntarily requested to be sterilized	and appears to understand the
terilized.		nature and consequences of the procedure	
(2)	If be sterilized by an operation known as a	(14)	(15)
	. The discomforts, risks	Signature of Person Obtaining Conser	
Specify Type	of Operation ith the operation have been explained to me. All	(16)	
	inswered to my satisfaction.	Facility	
I understand that the op	peration will not be done until at least thirty days	(17)	
	derstand that I can change my mind at any time	Address	
	iny time not to be sterilized will not result in the fits or medical services provided by federally	■ PHYSICIAN'S STAT	EMENT =
unded programs.	ints of medical services provided by lederally	Shortly before I performed a sterilization	operation upon
I am at least 21 years of	age and was born on:(3)	(18)	on (19)
(4)	Date	Name of Individual	Date of Sterilization
1. (4)	, hereby consent of my own	I explained to him/her the nature of the	
ree will to be sterilized by		(20)	the fact that it is
10	Doctor or Clinic	Specify Type of Operation	
y a method called (6	Specify Type of Operation My	intended to be a final and irreversible proce	dure and the discomforts, risks
onsent evniros 180 daus	from the date of my signature below.	and benefits associated with it. I counseled the individual to be sterilized.	ed that alternative methods o
	release of this form and other medical records	birth control are available which are temper	orary. I explained that steriliza
bout the operation to:	A STATE OF THE PROPERTY OF THE	tion is different because it is permanent.	
Representatives of the	he Department of Health and Human Services,	I informed the individual to be sterilia	zed that his/her consent car
	ograms or projects funded by the Department ing if Federal laws were observed.	be withdrawn at any time and that he/she was or benefits provided by Federal funds.	will not lose any health services
I have received a copy of		To the best of my knowledge and belief	the individual to be sterilized is
	11 13	at least 21 years old and appears mentally	competent. He/She knowingly
(7)		and voluntarily requested to be sterilized a	nd appeared to understand the
Signature		nature and consequences of the procedure. (Instructions for use of alternative fi	
	upply the following information, but it is not re-	paragraph below except in the case of pre	mature delivery or emergency
thnicity:	e Designation) (please check) Race (mark one or more):	abdominal surgery where the sterilization is	s 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
Not Hispanic or Latino	Asian	cases, the second paragraph below must graph which is not used.)	be used. Cross out the para
	Black or African American	(1) At least thirty days have passed betw	een the date of the individual's
	☐ Native Hawaiian or Other Pacific Islander	signature on this consent form and the	e date the sterilization was
	White	performed.	
INTER	PRETER'S STATEMENT	(2) This sterilization was performed less t hours after the date of the individual's s	nan 30 days but more than 72
		because of the following circumstances (c	heck applicable box and fill in
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)
ead him/her the consent for	om in (9)	Individual's expected date of delivery:	(21)
inguage and explained	its contents to him/her. To the best of my	Emergency abdominal surgery (describe	circumstances):
nowledge and belief he/sh	ne understood this explanation.		
(10)	(11)	(22)	(23)
Interpreter's S	Signature Date	Physician's Signature	Date
HHS-687 (05/10)			

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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)
PHYSIC	IAN'S S'	FATEMENT
Y	N	Are all blanks filled in and legible?

	11	The an oranks fined in and regione.
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.)
Y	N	 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,

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

st be group or individual who gave	
ormation about sterilization procedu	Form Approved: OMB No. 0937-016
	Expiration date: 10/31/2019
CONSENT FOR	
NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED OF ANY BENEFITS PROVIDED BY PROGRAMS OR PI	ED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING ROJECTS 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	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 com- pletely 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
cide not to be sterilized, my decision will not affect my right to future care	Specify Type of Operation
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)	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
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.
l understand that I will be sterilized by an operation known as a (2) Tubal Ligation The discomforts risks	(14) Sue Thomas, RM (15) 06/12/2012
Specify Type of Operation . The discomforts, risks	(14) Sue Thomas, RII (15) 06/12/2012 Signature of Person Obtaining Consent
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	(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	Addyss = SUSSICION FOR THE FIRST
withholding of any benefits or medical services provided by federally	■ BUVOICITY CTTTTENT ■
funded programs	Shortl MUST MATCH ration upon
I am at least 21 years of age and was born on: (3) 12/06/90 Date	(18 on (19) 07/17/12
i. (4) Judy Marshall hereby consent of my own	Name of individual Date of Meniization I explained to him her the nature of the sterilization operation
free will to be sterilized by (5) Dr. Thatch Strong	I explained to himmer the nature of the sterilization operation
Doctor or Clinic	(20) Typal Ligation the fact that it is Specify Type of Operation
by a method called (6) Tubal Ligation My	intended to be a fi
Specify Type of Operation	and benefits assor AT LEAST 30 DAVS
consent expires 180 days from the date of my signature below.	lous of
I also consent to the release of this form and other medical records about the operation to:	bith control are a teriliza- tion is different because it is permanent.
Representatives of the Department of Health and Human Services	I informed the individual to be sterilized that his/her consent can
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 or benefits provided by Federal funds.
but only for determining if Federal laws were observed. I have received a copy of this form.	To the best of my knowledge and belief the individual to be sterilized is
	al least 21 years old and appears mentally competent. He/She knowingly
(7) Judy Marshall (8) 06/12/2012	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)	paragraph below except in the case of premature of
Ethnicity: Race (mark one or more):	abdominal surgery where the sterilization is perform SIGN AFT
Hispanic or Latino America	after the date of the individual's signature on the c cases, the second paragraph below must be used
□ Not Hispanic or Latino □ Asian MUST MATCH	graph which is not used.)
☐ Black or ☐ Native Hawaiian or Other Pacific Islander	(1) At least thirty days have passed between the signature on this consent form and the date COMPLET
White	signature on this consent form and the date COMPLE performed.
Hard decreements	(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 content from
If an interpreter is provided to assist the individual to be sterlized:	because of the following circumstances (check applicable box and fill in information requested):
I have translated the information and advice presented orally to the in-	Premature delivery
dividual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in(9) Spanish	Individual's expected date of delivery: (21)
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) Slosia Somez (11) 06/12/2012 Interpreter's Signature Date	(22) Thatch Strong, M.D. (23) 07/17/201
Interpreter's Signature Date	Physician's Signature Date

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> Form Approved: OMB No. 0937-0166 Expiration date: 10/31/2015

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sterilized.

(10) Storia Somez Interpreter's Signature

Hispanic or Latino

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■ Not Hispanic or Latino

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

CONSENT FOR	STERILIZATION Expiration date: 10/31/2015
NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZ OF ANY BENEFITS PROVIDED BY PROGRAMS OR P	ED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING ROJECTS RECEIVING FEDERAL FUNDS:
■ CONSENT TO STERILIZATION ■	■ STATEMENT OF PERSON OBTAINING CONSENT ■
OF ANY BENEFITS PROVIDED BY PROGRAMS OR P CONSENT TO STERILIZATION I have asked for and received information about sterilization from (1) Woman's OB/GYN Group Doctor or Clinic or 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 be sterilized with outside that I could decide not to be sterilized. If I decide not be sterilized with outside that I am now getting or for which I may become eligible. I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED FREMANENT 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 variable and could be provided to me which will allow me to bear or father child in the future. I have rejected these alternatives and chosen to be iterilized. I understand that I will be sterilized by an operation known as a (2) Tubal Ligation. Specify Type of Operation in the properties of the properties of the properties associated with the operation have been explained to me. All any questions have been answered to my satisfaction. I understand that the operation will not be done until at least thirty days interest the properties of the propertie	Before (12) Judy Marshall signed the Name of Individual consent form, I explained to himmher the nature of sterilization operation (13) Tubal Ligation
Image: A properties of the p	(18) Judy Marshall on (19) 07/17/12 Name of Individual on (19) 07/17/12 Date of Stentization I explained to him/her the nature of the sterilization operation (20) Tubal Ligation the fact that it is Specify Type of Operation the fact that it is Specify Type of Operation the fact that it is I counseled 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 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 knowngly and voluntanily requested to be sterilized and appeared to understand the nature and consequences of the procedure. (Instructions for use of alternative final paragraph. Use the first 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 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 and fill in
If an interpreter is provided to assist the individual to be sterilized. I have translated the information and advice presented orally to the invividual to be sterilized by the person obtaining this consent. I have also each him/her the consent form in(9) _Spanish inquage and explained its contents to him/her. To the best of my nowledge and belief he/she understood this explanation.	Individual's expected date of delivery. (21) Emergency abdominal surgery (describe circumstances):
(10) Sloria Somez (11) 06/12/2012	(22) Thatch Strong, M.D. (23) 07/17/2012

Physician's Signature

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Sterilization Consent Form Example – Consent obtained Less Than 30 Days prior to Sterilization without Interpreter's Statement

Must be group or individual who gave	e
information about sterilization proce	dure Form Approved: OMB No. 0937-0166 Expiration date: 10/31/2015
	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 reveived information about sterilization from	Before (12) Judy Marshall signed the
(1) Woman's OB/GYN Group When I first asked	Name of Individual consent form, I explained to him/her the nature of sterilization operation
Doctor or Clinic for the information, I was told that the decision to be sterilized is com-	(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 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
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 (2) Tubal Ligation . The discomforts, risks	(14) Sue Themas, RII (15) 06/12/2012 Signature of Person Obtaining Consent
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
my questions have been answered to my satisfaction. I understand that the operation will not be done until at least thirty days.	Facility (17) 433 10th Street, Pine, LA 70776
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	\TEMENT ■
funded programs	MUST MATCH n operation upon
I am at least 21 years of age and was born on: (3) 12/06/90 Date	on (19) 07/01/2012
(4) Judy Marshall hereby consent of my own	Name of Individual Date of Itenlization 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 Specify Type of Operation	intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.
consent expires 180 days from the date of my signature below.	I courseled the individual to be sterilized that alternative methods of
I also consent to the release of this form and other medical records about the operation to:	birth control a steriliza-
Representatives of the Department of Health and Human Services,	I informed sent can
or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed.	be withdrawn, and and the state of the
I have received a copy of this form.	To the best of my knowledge and belief the individual to be sterilized is
(7) Tudy Marshall (8) 06/12/2012	east 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the
(7) Judy Marshall (8) 06/12/2012 Signature Date	nature and consequences of the procedure.
You are requested to supply the following information, but it is not re-	(Instructions for use of alternative final paragraph: Use the first 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 after the date of the individual's signature on the cons
Hispanic or Latino	cases, the second paragraph below must be used, C. SIGN AFTER
□ Not Hispanic or Latino □ CROSS OUT	graph which is not used.)
PARAGRAPH	signature -on-this-consent -form- and- the-date-the performed.
■ INTERPRE NOT USED AND	(2) This sterilization was performed less than 30 days hours after the date of the individual's signature on
- INTERPRE	because of the following circumstances (check applicable box and fill in
I have translated the inform	information requested):
dividual to be sterilized by the read him/her the consent form APPLICABLE	Individual's expected date of delivery: (21) 08/01/2012
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)	T 1/2 / 1/2
Interpreter's Signature Date	(22) Thatch Strong, M.D. (23) 07/08/2012 Physician's Signature Date
HHS-687 (05/10)	, Jaic

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Form Approved: OMB No. 0937-0166 Expiration date: 10/31/2015

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	Name of Individual
Doctor or Clinic	consent form, I explained to him/her the nature of sterilization operation (13) Tubal Ligation the fact that it is
or the information, I was told that the decision to be sterilized is com- pletely up to me. I was told that I could decide not to be sterilized. If I de-	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	and benefits associated with it.
ederal funds, such as Temporary Assistance for Needy Families (TANF)	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.	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	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
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 Thomas, RN (15) 06/12/2012 Signature of Person Obtaining Consent Date
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
ny questions have been answered to my satisfaction.	Facility
I understand that the operation will not be done until at least thirty days	(17) 433 10th Street, Pine, LA 70776
ifter 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 ■
unded programs	Shortly before I performed a sterilization operation upon
I am at least 21 years of age and was born on: (3) 12/06/90	(18) Judy Marshall on (19)07/01/201
Date (4) Judy Marshall hereby consent of my own	Name of Individual Date of Sterilization
ree will to be sterilized by (5) Dr. Thatch Strong	I explained to him/her the nature of the sterilization operation
Doctor or Clinic	(20) Tubal Ligation the fact that it is
(6) - 1 - 1	Specify Type of Operation
y a method called (6) Tubal Ligation My Specify Type of Operation	intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.
consent expires 180 days from the date of my signature below.	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-
bout the operation to:	tion is different because it is permanent.
Representatives of the Department of Health and Human Services.	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 Employees of programs or projects funded by the Department 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
(0) 05/10/2010	at least 21 years old and appears mentally competent. He/She knowingly
(7) Judy Marshall (8) 06/12/2012 Signature Date	and voluntarily requested to be sterilized and appeared to understand the 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- uired: (Ethnicity and Race Designation) (please check)	paragraph below except in the case of premature delivery or emergency
thnicity: 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
Not Hispanic or Latino Asian	cases, the second paragraph below must be used. Cross out the para- graph which is not used.)
☐ Black or African American	(1) At least thirty days have passed between the date of the individual's
Native Hawaiian or Other Pacific Islander	signature on this eonsent form and the date the sterilization was
White	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
	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- ividual to be sterilized by the person obtaining this consent. I have also	□ Premature delivery □ Premature
ead him/her the consent form in (9)	Individual's expected date of delivery: (21) 08/01/2012
inguage and explained its contents to him/her. To the best of my	Emergency abdominal surgery (describe circumstances):
nowledge and belief he/she understood this explanation.	
A 32	
(10) (11)	(22) Thatch Strong, M.D. (23) 07/08/2012 Physician's Signature Date
Interpreter's Signature Date	Physician's Signature Date
LILC 697 (DELIC)	

ISSUED: REPLACED:

01/14/13 02/01/12

CHAPTER 5: PROFESSIONAL SERVICES

APPENDIX B: FORMS

PAGE(S) 9

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