

Family Planning Program Consent

Name: _____ Patient ID # _____ Age _____

Agency/Clinic; _____

I, _____, do hereby give my consent to the medical staff of the above named agency/clinic to examine, treat and counsel me.

I understand and agree with the following:

- I understand that covered family planning services include routine family planning visits to initiate, continue or discontinue a contraceptive method. Additional covered family planning services may include, but are not limited to, provision of contraceptive methods and pregnancy testing and counseling.
- I understand there are certain hazards and risks connected with all forms of medical treatment and care, which may result in additional costs to me (the client).
- I understand that there is no guarantee of payment by insurance or by an aid program for any costs that the family planning program does not cover and for which I am responsible.
- I understand that I may be billed for non-Title X services including but not limited to: colposcopy, HIV testing, Chlamydia screening if not at risk, complications resulting from Title X-covered procedures, side effects, from medications, etc.
- I agree to a physical exam, if one is recommended.
- I understand that my provider might recommend lab tests if indicated, some of which may be covered by the family planning program. My provider will discuss these with me.
- I understand that all information about me will be kept in strictest confidence and will not be released to anyone without my permission, except as required by law. This could include:
 - positive test results of some sexually transmitted diseases,
 - sexual or physical abuse of minors, or
 - physical signs of domestic violence.
- I understand that this agency may use a statewide database that makes my health information available to the state health department and other participating family planning programs in Colorado. The benefit to me is that I can change to another participating family planning clinic and that clinic can access the health information I have already shared.

Female clients only:

- I agree to have a pelvic examination including a Pap test, if recommended. I understand a Pap test may not be recommended every year.
- I understand that the test for cancer of the cervix (Pap test) is a screening test only and may produce false negatives (cancer is present but the test says it is not) as well as false positives (cancer is not present but the test says it is).
- I understand the Pap test may not have enough information to make a diagnosis and may have to be done again.

I have read the above information. It has been explained to me and I believe I understand it. My questions have been answered by a person from the agency/clinic.

Signature of client

Date

The client received the above information and I believe she or he understands it.

Signature of staff

Date