

Place Patient Label Here

## Request and Consent for Barrier Contraceptives (Male or Female Condoms, Diaphragm)

**Voluntary Participation and Confidentiality Statement:** Title X services are being provided to me solely on a voluntary basis; I am choosing to receive these services of my own free will. I understand that staff may not coerce(force) me to receive services or to use or not to use any particular method of family planning. I understand that I have the right to accept or refuse family planning services without being denied eligibility for any other services/programs provided by this agency. This information is confidential and will be treated as such.

Birth control methods may have good or bad side effects or complications, which may be harmful to me. I have been told that the most frequent benefits, risks and side effects are those listed below. Others not listed may occur.

### Condoms Use Effectiveness: 87–98 Percent Diaphragm Plus Spermicide Use Effectiveness: 83–Percent

Benefits	Possible Risks/Disadvantages	Possible Side Effects
<ol style="list-style-type: none"><li>1. Condoms are easily obtained over the counter. No prescription necessary.</li><li>2. Discreet-can be easily hidden in a wallet or purse.</li><li>3. Latex condoms offer protection against STIs, including HIV</li><li>4. Male condoms allow males to share in the responsibility of birth control</li><li>5. Safe to use while breastfeeding</li></ol>	<ol style="list-style-type: none"><li>1. Must be used every time you have sex.</li><li>2. Use of oil-based lubricants damages latex</li><li>3. May interrupt sex</li><li>4. Increased risk for pelvic infections — diaphragm</li><li>5. Diaphragm needs to be fitted by a health care provider.</li><li>6. Diaphragm must be left in place for six hours after sexual intercourse, but not for more than 24 hours</li><li>7. Diaphragm must be used with spermicide</li><li>8. Diaphragm may need to be refitted after having a baby, an abortion, miscarriage, or gain/loss of 10 lbs. or more</li><li>9. Diaphragm cannot be used in the first 6 weeks after having a baby.</li></ol>	<ol style="list-style-type: none"><li>1. Allergic reaction to latex or other components</li><li>2. Vaginal irritation, from incorrect placement of the diaphragm or from spermicide may occur which can increase the risk of contracting a sexually transmitted disease including HIV</li></ol>

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1. I do not wish to become pregnant now. One benefit of choosing a method of birth control is that I will be better able to delay a pregnancy until it is desired.
2. The contraceptives that I am interested in have been explained to me. I may change to another method or stop using a birth control method at any time I wish including to become pregnant or if medically recommended. Instructions for the use of my chosen method have been given to me.
3. I have read the above (or have had it read to me) and have been given the opportunity to ask questions and have received answers to my satisfaction. Being mentally competent, I assume full responsibility and release the local health department, including the attending clinician, staff and assistants of any and all liability for any adverse effects or pregnancy that may result from my using the method of birth control provided to me. I have been advised to call the clinic for discontinuation instruction if I choose to stop using any of the above methods.
4. I have been provided with information about an emergency number to call after clinic hours or when the agency is closed.
5. I have chosen and requested condoms or diaphragm as a method of birth control.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient

#### **INTERPRETER'S STATEMENT**

If an interpreter is provided to assist the individual in choosing a birth control method:

I have translated the information and advice presented orally to the patient to use the above contraception by the person obtaining this consent. I have also read the patient the consent form in \_\_\_\_\_ language and explained its contents. To the best of my knowledge and belief, the patient understood this explanation.

\_\_\_\_\_  
Interpreter

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Interpreter

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date