

Place Patient Label Here

Request and Consent for Spermicide

Voluntary Participation and Confidentiality Statement: Title X services are provided 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, to use, or not to use any particular method of family planning. I understand I have the right to accept or refuse family planning services without being denied eligibility for, any other service/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.

Spermicide Use Effectiveness: 79-84 Percent

Benefits	Possible Risks/Disadvantages	Possible Side Effects
1. No prescription necessary 2. May be purchased over the counter in any drug store or supermarket 3. Safe to use with breastfeeding	1. Incorrect use can lead to pregnancy 2. Must be used every time you have sex 3. Sex may need to be delayed or interrupted while applying the spermicide 4. Does not protect against sexually transmitted infections, including HIV	1. Allergic reaction (rare) 2. If you have any of the following, stop using spermicides and call your healthcare provider: a. Genital Rash b. Genital Burning c. Other irritation of the genitals

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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 if using a birth control method at any time I wish, for any reason, including if I wish 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 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 this method.
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 spermicide as a method of birth control.

____/____/____

Date

Signature of Patient

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the patient 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