

Place Patient Label Here

Request and Consent
for Abstinence

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 or 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 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.

Abstinence Use Effectiveness: 100 Percent

Benefits	Possible Risks/Disadvantages	Possible Side Effects
<div>1. Free and available to all</div> <div>2. Effective at preventing sexually transmitted infections, including HIV, and pregnancy</div> <div>3. No medical side effects</div> <div>4. It can be started at any time</div> <div>5. Partners can build relationships in other ways than sexual intimacy</div>	<div>1. Can be difficult to talk to a partner about abstinence</div> <div>2. To avoid sexually transmitted infections, people should abstain from oral, anal and vaginal sex. To avoid pregnancy, people will need to abstain from penile vaginal sexual activity or any activity in which semen can be transferred to vaginal fluid.</div> <div>3. Possible pressure from your partner(s) or peers to have sex</div> <div>4. Avoiding sex can be hard for some people. If you end up having unplanned sex, pregnancy can happen if you haven't used birth control and you could be exposed to sexually transmitted infections, including HIV.</div>	<div>1. Unplanned pregnancy or exposure to sexually transmitted infection if abstinence is not used and partners do not use other methods of birth control and disease prevention.</div>

Contraceptive Technology 22nd ed. 2023

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, 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. Abstinence means different things to different people. It can include only abstaining from penile-vaginal intercourse or it could be abstaining from all sexual activity including oral, vaginal and/or anal. In order for abstinence to be effective at preventing pregnancy, I understand I will have to avoid any penile vaginal intercourse or any other sexual activity where seminal fluid could get into the vagina.

4. I understand that complete sexual abstinence will prevent the risk of pregnancy, sexually transmitted diseases including HIV, if abstinence is maintained 100 percent of the time.
5. 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
6. I have been provided information about an emergency number to call after clinic hours or when the agency is closed.
7. I have chosen and requested abstinence as a method of birth control.

____/____/____
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