



STERILIZATION PROCESS & TRAINING

Health plans require us to monitor providers and track all sterilization candidates to ensure that they have received proper education prior to their procedure.

- Upon first visit, members must be offered the Educational Sterilization Booklet
 - Copy of this can be printed at <http://www.dhcs.ca.gov>
 - Enter “Sterilization” in the search field
 - Select Permanent Birth Control
 - Offered in English and Spanish
- Document that this was given to the patient in their chart
- Have member complete the required PM 330 for Medi-Cal or 284 form for Commercial members.

Sterilization & Informed Consent

Training Overview

- The purpose of an informed consent is be able to explain to the member what the sterilization procedure is and other options they may have prior to this procedure
- Physician or physician office staff member who goes over the consent form must complete the entire consent which includes pt's signature, interpreters signature (if any), MD performing procedure signature.
- It is required to provide the member with booklet on sterilization published by DHCS, as part of the Informed Consent process for sterilization prior to the member signing the PM 330 consent form.
- The staff or physician must document in the medical record that the booklet was provided to the member.
 - ❑ There are booklets on sterilization for male and female, both in English and Spanish.

Provider's Responsibilities

- Providers must use the PM 330 Form for all Medi-Cal members.
- Members must be 21 years of age.
- Interpreters must be used if language is other than English.
- Department of Health does offer the PM 330 form in Spanish.
- "Physician's Statement" segment number 1 or 2 must be crossed out signed, and dated by Physician only.
- The procedure should not take place until 30 days after consent is signed OR no more than 180 days.
- DHCS booklet must be provided to the member prior to sterilization procedure.

Documentation Requirements

SIC Referral File Review

Source: Title 22 Sections 51163, 51305.1, 51305.7, & 770707.6, 42 C.F.R. section 50.201-50.210 & section 1396

1. Consent Form PM330 completely filled out including patient signature and date
2. Evidence that the patient to be sterilized was at least 21 years of age at the time the consent for sterilization is obtained, is not mentally incompetent, and able to understand the nature of the informed consent process, is not institutionalized and has voluntarily given informed consent evidenced by a signed and dated the consent form. (Mentally ill or retarded patients may sign the consent form if they are capable of understanding the nature and significance of the sterilizing procedure).
3. An interpreter was provided if there is evidence that the patient did not understand the language used on the consent form or the language used by person obtaining consent.
4. Evidence of appropriate person completing consent section (physician or designee).
5. Physician who verified consent and actually performed operation has signed and dated consent form (date of physician signature must be on or after sterilization).

Reference

- DHCS Sterilization Booklets for Men & Women in English and Spanish
<https://www.dhcs.ca.gov/Pages/PermanentBirthControl.aspx>
- PM 330 Consent Form
https://files.medi-cal.ca.gov/pubsdoco/forms/PM-330_Eng-SP.pdf

STERILIZATION CONSENT FORM (NON-FEDERALLY FUNDED)

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

I have asked for and received information about sterilization from

(Doctor or Clinic)

When I first asked for 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 to be sterilized, my decision will not affect my right to future care or treatment. I understand that I can change my mind at any time.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED **PERMANENT 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 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 sterilized.

I understand that I will undergo an operation known as a

The discomforts, risks, and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least 30 days after I sign this form except in specific instances that have been fully explained to me.

I wish to waive the 30-day waiting period to _____ days (not less than 72 hours).

I am at least 18 years of age.

OR

I am under 18 **AND**

I have entered into a valid marriage, **OR**

I am on active duty with the U.S. armed services, **OR**

I have received a declaration or emancipation pursuant to Section 64 of the Civil Code, **OR**

I am over 15 years old, live apart from my parents or guardians, and manage my own financial affairs.

I was born on _____
(Month) (Day) (Year)

I, _____, hereby consent of my own free will to undergo an operation intended to sterilize me, to be performed by _____

(Doctor)

by a method called _____.

I am not in labor and it has been at least 24 hours since I gave birth or had an abortion. I am not seeking to obtain or obtaining an abortion at this time.

I am not under the influence of alcohol or other substances that affect my state of awareness.

I understand that I may have a witness of my choice present during the time my consent is obtained.

My consent expires 180 days from the date of my signature below.

I have received a copy of this form.

(Signature)

(Date [Month/Day/Year])

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief, he/she understood this explanation.

(Interpreter)

(Date [Month/Day/Year])

STATEMENT OF PERSON OBTAINING CONSENT

Before _____ signed the
(Name of Individual)

consent form, I explained to him/her the nature of the sterilization operation _____, the fact that it is intended 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 any benefits provided by federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 18 years old, or meets the necessary age requirements under applicable regulations, and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

I certify that I explained orally to the person to be sterilized the requirements for informed consent as set forth on this form and in applicable regulations.

(Signature of Person Obtaining Consent)

(Date)

(Facility)

(Address)

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon _____
_____ on _____,
(Name of individual to be sterilized) (Date of sterilization operation)

I explained to him/her the nature of the sterilization operation, _____

(Specify type of operation)

the fact that it is intended 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 18 years old, or meets the necessary age requirements under applicable regulations, and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below **except** in the case of premature delivery, or emergency abdominal surgery, or patient waiver 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 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

2. I certify that 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 information requested):

- a. Premature delivery:
Individual's expected date of delivery: _____
- b. Emergency abdominal surgery (describe circumstances):

Date individual intended to be sterilized: _____

- c. Patient waived the 30-day waiting period to _____ days.
(Not less than 72 hours.)

(Physician)

(Date)

FORMULARIO DE PERMISO LA ESTERILIZACIÓN (CON FONDOS NO FEDERALES)

NOTA: SI EN CUALQUIER MOMENTO DECIDE NO HACERSE ESTERILIZAR ELLO NO RESULTARA EN QUE SE LE RETIREN O RETENGAN CUALQUIERA DE LOS BENEFICIOS PROPORCIONADOS POR PROGRAMAS O PROYECTOS QUE RECIBEN FONDOS DEL GOBIERNO FEDERAL.

PERMISO PARA ESTERILIZACIÓN

He pedido y recibido información sobre la esterilización de

(Doctor o Clínica)

Cuando me informé al respecto, se me dijo que la decisión de permitir que se me esterilice es absolutamente mía. Me han informado que, si así lo deseo, puedo decidir no permitir que se me esterilice. Si decido no permitir que se me esterilice, esta decisión no afectará mis derechos a cuidados o tratamientos futuros. Entiendo que puedo cambiar de opinión en cualquier momento.

ENTIENDO QUE LA ESTERILIZACIÓN SE CONSIDERA PERMANENTE E IRREVOCABLE. HE DECIDIDO QUE NO QUIERO QUEDAR EMBARAZADA, TENER O PROCREAR HIJOS.

Se me ha informado acerca de los métodos anticonceptivos temporales que están disponibles y que se me podrán proporcionar, los que sí me permitirán procrear un hijo en el futuro. He rechazado estas alternativas y he elegido ser esterilizado(da).

Entiendo que se me hará una operación conocida bajo el nombre de

Los malestares, riesgos y beneficios asociados con esta operación me han sido explicados. Todas mis preguntas han sido contestadas en forma satisfactoria.

Entiendo que la operación no será realizada por lo menos 30 días después de haber firmado este formulario, con excepción de situaciones específicas que me han sido minuciosamente explicadas.

Deseo renunciar el derecho de tener 30 días de espera. En cambio, estoy de acuerdo en esperar _____ días. (No menos de 72 horas.)

Tengo por lo menos 18 años de edad.

Soy menor de 18 años de edad, y

Estoy casado(da) legalmente,

Estoy en servicio activo en las fuerzas armadas de los EEUU,

He recibido una declaración de emancipación de acuerdo a la Sección 64 del Código Civil,

Tengo más de 15 años de edad, vivo separado(da) de mis padres o guardianes, y manejo mis asuntos financieros.

Nací en _____
(Mes) (Día) (Año)

Yo, _____, por mi firma doy mi permiso a que se me haga una operación cuyo fin es el de esterilizarme, y que será hecha por _____

(Doctor)

por el método conocido como _____.

No estoy en trabajo de parto y han transcurrido por lo menos 24 horas desde que di a luz o tuve un aborto. Yo no estoy buscando u obteniendo un aborto en este momento.

No estoy bajo la influencia del alcohol u otras sustancias que afecten mis facultades.

Entiendo que puedo tener un testigo de mi preferencia presente en el momento que dé el permiso para que se me esterilice.

Mi permiso se vence a los 180 días de la fecha de mi firma.

He recibido una copia de éste formulario.

(Firma)

(Fecha [Mes/Día/Año])

DECLARACIÓN DEL INTÉRPRETE

Si se proporciona un intérprete para asistir a la persona a ser esterilizada:

He traducido la información y consejos oralmente por la persona que obtiene este permiso, a la persona a ser esterilizada. También le he leído el formulario de permiso en español y le he explicado su contenido. Según mi mejor entender el/ella ha comprendido esta explicación.

(Intérprete)

(Fecha [Mes/Día/Año])

DECLARACIÓN DE LA PERSONA QUE OBTIENE ESTE PERMISO

Antes de que _____ firmara este
(Nombre de la Persona)

formulario de permiso, le expliqué la naturaleza de la operación para la esterilización llamada _____

el hecho de que se trata de un procedimiento final e irrevocable, habiéndole explicado también los malestares, riesgos y beneficios que la acompañan.

Yo advertí a la persona a ser esterilizada que existen métodos anticonceptivos alternos, que son temporales. Le expliqué que la esterilización es diferente porque es permanente.

He informado a la persona a ser esterilizada que puede retirar su consentimiento a cualquier momento y que el/ella no perderá ninguno de los servicios de salud o cualquier otros beneficios proporcionados con fondos federales.

De acuerdo a mi mejor entender y creer la persona a ser esterilizada tiene por lo menos 18 años de edad, o reúne los requisitos necesarios de edad bajo los reglamentos en vigor, y parece mentalmente competente. El/Ella sabiendo y voluntariamente ha solicitado ser esterilizado(da) y parece comprender la naturaleza y consecuencias del procedimiento.

Yo certifico que le he explicado a la persona a ser esterilizada los requisitos por el entendimiento de permiso. Según está suscrito en este formulario y en regulaciones pertinentes.

(Firma de la Persona que Obtiene el Permiso)

(Fecha)

(Establecimiento)

(Dirección)

DECLARACIÓN DEL MÉDICO

Poco antes de efectuar la operación para la esterilización de _____

el _____, el _____,
(Nombre de la Persona a ser Esterilizada) (Fecha de la Operación de Esterilización)

yo le expliqué la naturaleza de la operación llamada _____

(Tipo de Operación)

el hecho de que es un procedimiento final e irrevocable, y los malestares, riesgos y beneficios derivados del mismo.

Yo advertí a la persona a ser esterilizada que existen métodos anticonceptivos que son temporales. Yo le expliqué que la esterilización es diferente, porque es permanente.

He informado a la persona a ser esterilizada que su permiso puede ser retirado en cualquier momento y que por ello el/ella no perderá ninguno de los cuidados médicos o beneficios proporcionados con fondos federales.

A mi mejor entender, la persona a ser esterilizada tiene por lo menos 18 años de edad, o reúne los requisitos de edad necesarios bajo los reglamentos en vigor, y parece mentalmente competente. Ha pedido voluntariamente y con pleno conocimiento ser esterilizado(da) y parece comprender la naturaleza y consecuencias del procedimiento.

(Instrucciones para el uso de los párrafos finales alternos: Utilice el primer párrafo que sigue, excepto en casos de parto prematuro, cirugía abdominal de emergencia o renuncia del paciente pare que la esterilización se efectúe en menos de 30 días después de la fecha de la firma del formulario de permiso. En dichos casos, deberá usarse el segundo párrafo. Tache el párrafo que no utilice.)

1. Por lo menos 30 días han transcurrido entre la fecha en que la persona firmó el formulario de permiso y la fecha en que se efectuó la operación de esterilización.

2. Yo certifico que esta esterilización fue efectuada antes de los 30 días pero después de 72 horas de haber firmado la persona el formulario de consentimiento, debido a las circunstancias siguientes (haga una marca donde corresponda y dé la información requerida):

a. Parto prematuro:

Fecha en que debería haber ocurrido el parto: _____

b. Cirugía abdominal de emergencia (describa las circunstancias):

Fecha en que la persona intentó ser esterilizada: _____

c. El/La paciente renunció el derecho al período de espera de 30 días a cambio de un período de espera de _____ días. (No menos de 72 horas.)

(Médico)

(Fecha)

