

STERILIZATION CONSENT FORM INSTRUCTIONS

In accordance with Title 42 Code of Federal Regulations (CFR) 50, Subpart B, all sterilizations require a valid consent form. The consent form can be downloaded from:

<http://www.hhs.gov/opa/sites/default/files/consent-for-sterilization-english-updated.pdf>

<http://www.hhs.gov/opa/sites/default/files/consent-for-sterilization-spanish-updated.pdf>

Make sure that the form you are using is the current version by checking for the expiration date which is located in the top right hand corner. Ensure all required fields are legible and completed in accordance with the following instructions.

NOTE:

- Recipients must be at least 21 years of age when the consent form is signed.
- There must be at least 30 calendar days between the date the recipient signs the consent form and the date of surgery, with the following exceptions:

Exceptions:

(1) ***Premature delivery (births occurring before 37 weeks)*** – there must be at least 72 hours between the date of consent and the date of surgery. The informed consent must have been given at least 30 days before the expected date of delivery. In order for the consent to remain valid through delivery, it is recommended that it be obtained between the 18th and 32nd week of pregnancy.

(2) ***Emergency Abdominal Surgery (including medically indicated Cesarean sections)*** – there must be at least 72 hours between the date of consent and the date of surgery. Operative reports detailing the need for emergency surgery (including Cesarean section) are required.

- The consent form expires 180 calendar days from the date of the recipient's signature; the procedure must be performed within 180 calendar days.
- The person who obtains the informed consent must provide orally all the requirements for the informed consent as listed on the consent form, must offer to answer any questions, and must provide a copy of the consent form to the recipient to be sterilized for consideration during the waiting period.
- Suitable arrangements must be made to ensure that the required information is effectively communicated to the recipient to be sterilized if he or she is blind, deaf, or has other special needs.
- The person obtaining consent need not be the physician performing the procedure.

CONSENT TO STERILIZATION REQUIRED FIELDS:

Listed below are field descriptions for the Sterilization Consent Form. Completion of all sections is required, with the following exceptions:

Exceptions:

(1) **Race and Ethnicity Designation** is requested but not required;

(2) **Interpreter's Statement** is not required as long as the consent form is written in the recipient's language, or the person obtaining the consent speaks the recipient's language

1 – Doctor or Clinic

If the provider is a physician group, all names may appear, the professional group name may be listed, or the phrase "and/or his/her associates" may be used. This line may be pre-stamped or typed. The physician named in 1 is not required to match 5 or 20; a recipient may receive information from one doctor/clinic and be sterilized by another.

2 – Type of Operation

Indicate the name of the sterilization operation. The name in this field should match all other instances where the name is required on the form. If completing the Consent Form in Spanish, the name of the procedure may be written in Spanish. The field may be pre-stamped or typed. Corrections to this field, e.g., a change in type of procedure, must be initialed, with date, by the recipient. (This correction does not require a new 30-day waiting period.)

3 – Recipient's Date of Birth

The month, day, and year of recipient's birth must be clearly indicated and must match the date of birth on the claim. The recipient must be at least 21 years of age at the time consent is obtained. Corrections to this field must be lined through and initialed, with date, by the recipient. (This correction does not require a new 30-day waiting period.)

4 – Recipient's Name

The recipient's name must be legible. The name may be typed. Initials are acceptable for the first and/or middle name only. The name must match the name on the claim. Corrections to this field must be initialed, with date, by the recipient. (This correction does not require a new 30-day waiting period)

5 – Doctor or Clinic

The name of the doctor, affiliates, or associates is acceptable. The physician in 5 is not required to match 1 or 20. The field may be pre-stamped or typed. Corrections to this field must be initialed, with date, by the person obtaining consent or the physician. (A consent form is transferable and does not require a new 30 day waiting period.)

6 – Type of Operation

Indicate the name of the sterilization operation. The name in this field should match all other instances where the name is required on the form. If completing the Consent Form in Spanish, the name of the procedure may be written in Spanish. The field may be pre-stamped or typed. Corrections to this field, e.g., a change in type of procedure, must be initialed, with date, by the recipient. (This correction does not require a new 30-day waiting period.)

7 – Recipient's Signature

The recipient's signature does not need to exactly match the name in 4. It is unacceptable for the recipient's signature to be completely different from the name in 4. Initials are acceptable for the first and/or middle name. An "X", a symbol/character, or a non-Arabic alphabet is acceptable as long as a witness of the recipient's choice has signed the form. The individual obtaining consent may not act as a witness. There is no field on the form for a witness' signature; therefore, it should appear directly below the recipient signature field and be followed by the date of witness, which must match the recipient's signature date. Recipient and witness' signatures must be handwritten in ink. A signature stamp or computer generated (electronic) signature is not acceptable. Corrections to this field must be initialed, with date, by the recipient. (A correction does not require a new 30-day waiting period.)

8 – Date of Recipient's Signature

The recipient must be at least 21 years old on this date. If the signature date is the recipient's 21st birthday, it is acceptable. At least 30 days but not more than 180 days, excluding the consent and surgery dates, must have passed between the date of the written informed consent and the date of sterilization,

except in the case of a premature delivery or emergency surgery. Corrections to this field must be initialed, with date, by the recipient. (A correction does not require a new 30 day waiting period.)

9 – Race and Ethnic Designation (not required)

The completion of ethnic and race designation is encouraged, but not required.

INTERPRETER'S STATEMENT

An interpreter must be provided to assist the recipient if the recipient does not understand the language used on the consent form or the language used by the person obtaining the consent.

10 – Language

Indicate the language in which the recipient was counseled if other than English or Spanish.

11 – Interpreter's Signature and date

If an interpreter was used, he/she must sign and date the form. Interpreter's signature must be handwritten in ink. A signature stamp or computer generated (electronic) signature is not acceptable.

STATEMENT OF PERSON OBTAINING CONSENT

12 – Recipient's Name

The recipient's name does not need to exactly match the name in 4. Corrections to this field must be initialed, with date, by the recipient. (This correction does not require a new 30-day waiting period.)

13 – Type of Operation

Indicate the name of the sterilization operation. The name in this field should match all other instances where the name is required on the form. If completing the Consent Form in Spanish, the name of the procedure may be written in Spanish. The field may be pre-stamped or typed. Corrections to this field, e.g., a change in type of procedure, must be initialed, with date, by the recipient. (This correction does not require a new 30-day waiting period.)

14 – Signature/Date of Person Obtaining Consent and Facility Name/Address

Signature is required from person providing sterilization counseling. The signature must be handwritten in ink and not a signature stamp or computer generated (electronic) signature. The person providing sterilization counseling and obtaining the consent may be, but is not required to be, the physician performing the procedure. Facility indicates the place where recipient was given sterilization counseling, and is not necessarily the facility where the procedure was performed. The facility name may be pre-stamped or typed. The complete facility address is required including physical street address, city, state, and zip code. The date of the person obtaining consent's signature must be the same date as the recipient's signature date (8). Corrections to this field must be initialed, with date, by the person obtaining consent. (This correction does not require a new 30-day waiting period.)

PHYSICIANS STATEMENT

15 – Recipient's Name

The recipient's name does not need to exactly match the name in 4. Corrections to this field must be initialed, with date, by the recipient. (This does not require a new 30-day waiting period.)

16 – Date of Sterilization

The date of sterilization must match the date of service on the claim. Reimbursement is not allowed unless at least 30 days, but not more than 180 days, excluding the consent and surgery dates, must have passed between the date of the written informed consent and the date of the sterilization, except in the case of a premature delivery or emergency surgery. In cases of premature delivery, the consent form must have been signed at least 30 days prior to the expected date of delivery as identified in 18 and at least 72 hours must have passed before delivery. In cases of emergency abdominal surgery, at least 72 hours must have passed from the date the recipient gave informed consent to be sterilized. Field 19 must be completed in the case of premature delivery or emergency abdominal surgery. Corrections to this field must be initialed, with date, by the physician. (This correction does not require a new 30-day waiting period.)

17 – Type of Operation

Indicate the name of the sterilization operation. The name in this field should match all other instances where the name is required on the form. If completing the Consent Form in Spanish, the name of the procedure may be written in Spanish. The field may be pre-stamped or typed. Corrections to this field, e.g., a change in type of procedure, must be initialed, with date, by the recipient. (This correction does not require a new 30-day waiting period.)

18 – Alternative Paragraph

Cross out paragraph (1) if the minimum waiting period of 30 days HAS NOT BEEN MET; cross out paragraph (2) if the minimum waiting period of 30 days HAS BEEN MET, i.e., cross out whichever paragraph is NOT used.

19 - Exception to 30-Day Requirement

This field must be completed if less than 30 days have passed between date of signed consent and sterilization date. Check the applicable box, i.e., premature delivery or emergency abdominal surgery. The recipient's expected date of delivery must be stated in the case of premature delivery. There must be at least 30 days between the date the consent form was signed and the expected date of delivery. In the case of emergency abdominal surgery, the circumstances must be described. At least 72 hours must have passed between the date the recipient gave consent and the date of the premature delivery or emergency abdominal surgery. Corrections to this field must be initialed, with date, by the physician. (This correction does not require a new 30-day waiting period.)

20 – Physician Signature and Date

Initials may be used in the signature for the first and/or middle name only. Physician's signature must be handwritten in ink. A signature stamp or computer generated (electronic) signature is not acceptable. Physician's date of signature must be signed on or after the date the sterilization was performed. A nurse or other individual's signature is not acceptable. Alterations to this field must be initialed, with date, by the physician. (This does not require a new 30-day waiting period.)