

DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH  
DIVISION OF RECORDS AND STATISTICS

Instructions for Completing the

Acts 2007, No. 281 Section 1 amends and reenacts R.S. 40:1299.35.6 to provide for:

*...Informed consent of a woman upon whom an abortion is to be performed or induced; to require that certain to require publication and provision of certain information and materials; to require certain information in cases of medical emergency; to require certain reports; to provide for civil and criminal penalties and sanctions; to provide for severability, construction, and right of intervention; and to provide for related matters.*

The form is an important legal document.

All ink. T woman'

In A

In Sections I II,

Have (if check marks  
acknowledge receipt of information.

In Section III,

Have check mark  
acknowledge date/time

The form is a snapset composed of an instruction sheet, and an original and two copies of the consent form. Submit the original to:

Abortion Registration Clerk  
Vital Records Registry  
P. O. Box 60630  
New Orleans, LA 70160  
(504) 219-4500

If Give

It  
make it a part of the patient'

The PHS 16-ab (Report Induced T 15 Attach  
Informed Consent-Abortion PHS 16-ab

If patient' Attach  
Informed Consent-Abortion PHS 16-ab

to be completed by the Provider:  
Name, address of facility:

DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH

Please initial each \_\_\_\_\_ the \_\_\_\_\_ was provided you. This \_\_\_\_\_ should provided  
you individually, \_\_\_\_\_ private room, or \_\_\_\_\_ your privacy \_\_\_\_\_ the confidentiality your  
decision, also ensure that the \_\_\_\_\_ given focuses your individual circumstances, that  
you are afforded an adequate opportunity to ask questions.

**SECTION I.** The following information was presented to me, orally and in person, at least 24 hours  
prior to the abortion by \_\_\_\_\_, who is (check one): \_\_\_\_\_ the  
physician who is to perform the abortion; \_\_\_\_\_ a referring physician.

- The name of the physician who will perform the abortion.
- A description of the proposed abortion method, medical risks, and alternatives to abortion.
- The probable gestational age of the unborn child at the time the abortion is to be performed.
- If the unborn child is viable or has reached the gestational age of twenty-four (24) weeks and the  
abortion may be otherwise lawfully performed under existing law
  1. The unborn child may be able to survive outside the womb.
  2. The woman has the right to request the physician to use the method of abortion that is most likely to
  3. If the unborn child is born alive, that attending physicians have the legal obligation to take all
- The probable anatomical and physiological characteristics of the unborn child at the time the abortion
- The medical risks associated with carrying the child to term.
- Any need for anti-RH immune globulin therapy, if RH negative; the likely consequences of refusing  
such therapy; and a good faith estimate of the cost of the therapy
- The availability of anesthesia or analgesics to alleviate or eliminate or
- The option of reviewing and receiving an explanation of an obstetric ultrasound image of the unborn  
This option shall not require me to view or receive an explanation of the obstetric ultrasound  
images. I shall not be penalized, and my physician shall not be penalized, if I choose not to view or  
receive an explanation of the obstetric ultrasound images.

Initials: \_\_\_\_\_

**SECTION II.** The following information was presented to me, orally and in person, at least 24 hours  
prior to the abortion by \_\_\_\_\_, who is (check one): the  
physician who is to perform the abortion; \_\_\_\_\_ a referring physician; \_\_\_\_\_ a qualified agent of the physician  
(Psychologist, Licensed Social Worker, Licensed Professional Counselor, Registered Nurse, Physician).

- That medical assistance benefits may be available for prenatal care, childbirth, and neonatal care. More
- That the pamphlet describes the unborn child and contains a directory of agencies that of  
alternative.
- That the father of the unborn child is liable to assist in the support of the child, even if he has of  
pay for the abortion. (In the case of rape this information may be omitted.)
- That I am free to withhold or withdraw my consent to the abortion at any time before or during the  
federally funded benefits to which I might otherwise be entitled.

Initials: \_\_\_\_\_

**SECTION III.** The following printed materials were provided to me, at least 24 hours prior to the abortion,  
by \_\_\_\_\_, who is (check one): \_\_\_\_\_ the physician who is to perform the abortion; \_\_\_\_\_  
referring physician; \_\_\_\_\_ a qualified agent of the physician (Psychologist, licensed Social Worker,  
Licensed Professional Counselor, Registered Nurse, Physician).

- The pamphlet titled "Abortion: Making A Decision" and the directory of agencies that of  
alternatives. [If you are unable to read, they shall be read to you.]  
The pamphlet and directory were provided to me on:

Date: \_\_\_\_\_ time: \_\_\_\_\_ A.M. or \_\_\_\_\_ .M. (Circle one)

Initials: \_\_\_\_\_