

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

**Instructions for Completing the
Certification of Informed Consent - Abortion**

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 information be provided to such a woman, except in case of medical emergency; to require certain certification; 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 **CERTIFICATION OF INFORMED CONSENT - ABORTION** form is an important legal document. Properly prepared, it is proof that the physician or qualified agent of the physician complied with the statutory requirement that the pregnant woman received complete information about her alternatives and voluntarily consented to an abortion at least twenty-four hours prior to having the abortion. Complete the form in accordance with the following instructions:

- All entries must be in ink. Type, print or stamp all entries other than the pregnant woman's confirmation initials.
- In the upper left, enter the name and the address of the facility. A stamped name and address is acceptable.
- In Sections I and II, type, print or stamp the name of the individual who presented the information and indicate whether that person is the physician who will perform the abortion, a referring physician, or a qualified agent of the physician (if applicable) by entering check marks in the appropriate spaces. Have the pregnant woman read the sections and initial in the space provided to acknowledge receipt of information.
- In Section III, type, print or stamp the name of the individual who presented the information and indicate whether that person is the physician who will perform the abortion, a referring physician, or a qualified agent of the physician by entering a check mark in the appropriate space. Have the pregnant woman read the section and initial in the space provided to acknowledge receipt of the printed materials, and complete the date/time that the printed materials were received.

The **CERTIFICATION OF INFORMED CONSENT - ABORTION** 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 information or materials are provided by a referring physician, submit the original to the above-referenced. Give the first and second copies to the patient, with verbal instructions to bring one copy to the physician who is to perform the abortion. It is recommended that the referring physician retain a photocopy of the consent form and make it a part of the patient's medical record.

The physician accepting referral and who performs the abortion is responsible for reporting the abortion on standard form PHS 16-ab (Report of Induced Termination of Pregnancy) within 15 days of the abortion. Attach the Certification of Informed Consent-Abortion received by referral to the PHS 16-ab and submit the documents within the prescribed filing time to the mailing address listed above.

If information or materials are provided by the physician who will perform the abortion, retain the first copy of the consent form in the patient's medical record and give the second copy to the patient. Attach the Certification of Informed Consent-Abortion to the PHS 16-ab and submit the documents within the prescribed filing time to the mailing address listed above.

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

DEPARTMENT OF HEALTH AND HOSPITALS
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CERTIFICATION OF INFORMED CONSENT-ABORTION

Please initial each section to indicate the information was provided to you. This information should be provided to you individually, and in a private room, to protect your privacy and to maintain the confidentiality of your decision, and also to ensure that the information given focuses on your individual circumstances, and 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, that:
 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 preserve the life of the unborn child.
 3. If the unborn child is born alive, that attending physicians have the legal obligation to take all reasonable steps necessary to maintain the life and health of the child.
- The probable anatomical and physiological characteristics of the unborn child at the time the abortion is to be performed.
- 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 organic pain to the unborn child that could be caused by the method of abortion to be employed.
- The option of reviewing and receiving an explanation of an obstetric ultrasound image of the unborn child. 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 detailed information on the availability of such assistance is contained in the directory.
- That the pamphlet describes the unborn child and contains a directory of agencies that offer abortion alternative.
- That the father of the unborn child is liable to assist in the support of the child, even if he has offered to 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 abortion without affecting my right to future care or treatment and without the loss of any state or 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; _____ a 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 offer abortion 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 P.M. (Circle one)

Initials: _____