



When completing the forms below, please do not use a sticker to populate the patient's name and date of birth. If the language on the form is covered by a label, the form is no longer valid.

IDAHO FORMS

	Language	Guide	Form	Notes
Sterilization	English	Section 5.10, click HERE	English consent, click HERE	<ul style="list-style-type: none"> Requires authorization. Not covered or done outside of c-section. Both physician and patient must sign and date the form 30 days prior to procedure but no more than 180 days. On the form, the Provider MUST cross out the paragraph below that does not apply: either option (1) or (2). Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than thirty (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. <p>(1) At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.</p> <p>(2) This sterilization was performed less than thirty (30) days but more than seventy-two (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): Premature delivery, Individual's expected date of delivery, Emergency abdominal surgery</p>
	Spanish		Spanish consent, click HERE	
Hysterectomy	English & Spanish	Section 5.7, click HERE	No state or federal form required.	<ul style="list-style-type: none"> Requires authorization. Consent must be obtained prior to surgery start, on or before the day or surgery. The following consent language must be printed on the clinic letterhead and the signed document must then be submitted to Saint Alphonsus. <p>HYSTERECTOMY CONSENT TEMPLATE - ENGLISH</p> <p>I have been informed orally and in writing that the hysterectomy will render me permanently incapable of reproducing. I was informed of these consequences prior to the surgery being performed.</p> <p>Patient Signature: _____ Date: _____</p> <p>Patient Full Legal Name: _____</p> <p>Medicaid ID Number: _____ Date of Birth: _____</p> <p>HYSTERECTOMY CONSENT TEMPLATE – SPANISH</p> <p>FORMULARIO DE CONSENTIMIENTO DE IDAHO PARA HISTERECTOMÍAS</p> <p>Se me ha informado de forma tanto verbal como escrita de que tras la histerectomía perderé mi capacidad reproductora permanentemente. Se me informó de estas consecuencias antes de practicarle la operación.</p> <p>Firma: _____ Fecha: _____</p> <p>Nombre legal completo de la paciente: _____</p> <p>Número de identificación de Medicaid de la paciente: _____</p> <p>Fecha de nacimiento de la paciente: _____</p>
			See Notes Section OR pdf below for documentation requirements.	

OREGON FORMS

	Language	Guide	Form	Notes
Sterilization 21 and older	English	Page 31, click HERE	English consent, click HERE	<ul style="list-style-type: none"> • Call to verify if authorization is required. • Not covered or done outside of c-section. • Both physician and patient must sign and date the form 30 days prior to procedure but no more than 180 days. • On the form, the Provider MUST cross out the paragraph below that does not apply: either option (1) or (2). <p>Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than thirty (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.)</p> <p>(1) At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.</p> <p>(2) This sterilization was performed less than thirty (30) days but more than seventy-two (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): Premature delivery, Individual's expected date of delivery, Emergency abdominal surgery</p>
	Spanish		Spanish consent, click HERE	
Sterilization Patients 15-20	English	Page 31, click HERE	English consent, click HERE	<ul style="list-style-type: none"> • <u>Ages 15 years or older who are mentally competent to give informed consent.</u> • Requires authorization. • Not covered or done outside of c-section. • Both physician and patient must sign and date the form 30 days prior to procedure but no more than 180 days. • On the form, the Provider MUST cross out the paragraph below that does not apply: either option (1) or (2). <p>Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than thirty (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.)</p> <p>(1) At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.</p> <p>(2) This sterilization was performed less than thirty (30) days but more than seventy-two (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): Premature delivery, Individual's expected date of delivery, Emergency abdominal surgery</p>
	Spanish		Spanish consent, click HERE	
Hysterectomy	English	Page 31, click HERE	English consent, click HERE	<ul style="list-style-type: none"> • Requires authorization. • Both physician and patient must sign and date the form prior to the date of surgery, not on the day of or after. • As noted on the top of the form, ONLY ONE of the following sections must be completed, not all three. <ol style="list-style-type: none"> 1) Cases where a woman is capable of bearing children 2) Cases of previous sterility or life-threatening emergency 3) Cases of retroactive Medicaid eligibility • Page 1: DX and medical reasons for the procedure <u>must be documented in layman's terms</u> so the patient can understand it, and this must be accompanied by the appropriate DX code.
	Spanish		Spanish consent, click HERE	