

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. 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 I DO NOT WANT TO 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 father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will undergo an operation know as a Vasectomy.

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 3 days (not less than 72 hours).

I am at least 18 years of age.

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 Dr. Theodore Benderev by a method called Vasectomy.

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})

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation

upon _____ on
(Name of individual to be sterilized)

_____, I explained to
(Date of sterilization operation)

him the nature of the sterilization operation Vasectomy, 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 consent can be withdrawn at any time and that he 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. He knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

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

(Physician)

(Date)