

Women's Med

Ohio Consents

Please read the following pages prior to your appointment.

Reviewing these pages before your appointment will reduce the time you will need to spend in our office.

You do not need to print these pages.
We will provide you printed pages at your appointment.

Thank You

Women's Med

Abortion Procedure Explanation

A *Suction Curettage* is performed on all women seeking abortion through 15 weeks of pregnancy. All patients have a finger stick for blood tests and an ultrasound exam to confirm the length of pregnancy during the pre-abortion visit.

A member of our staff will be with you throughout the procedure. She takes you into the operating room where you will undress from the waist down, cover with a drape sheet and be seated on the examination table. Next, the physician performs a pelvic exam to confirm the length of pregnancy. The physician inserts one or two fingers into the vagina and presses down on the abdomen with the other hand. In this manner, the physician feels your uterus to determine its size and location.

The physician then inserts a speculum, an instrument which holds the walls of the vagina open so the cervix (opening to the uterus) is visible. The vagina is cleansed with an antiseptic solution. Next, the physician gives you a local anesthetic. Then the physician dilates (opens) the cervix gradually, using different size dilating rods until the cervix is open to about the diameter of one finger. A suction catheter (tube) is inserted into the uterus to remove the pregnancy. During this time you may feel moderate cramping.

The physician suctions the uterus until everything has been removed. The entire procedure usually takes about 5 minutes.

When the procedure is completed, you get dressed and walk to the recovery room. A snack and beverage are provided. After approximately 20 to 30 minutes you can leave and resume most normal activities. If receiving general anesthesia, recovery will be longer and you must have a responsible person drive you home.

Patients 16 Weeks In Pregnancy and Beyond (Ohio Only)

A *D&E* (dilation and evacuation) is performed on all women 16 weeks and over in pregnancy. The procedure is done in two days. Select patients with a soft cervix may have the procedure done in one day by the suction method described above.

The first day, after cleansing and numbing the cervix, the physician inserts dilataria into your cervix. The dilataria absorb moisture and gradually swell to open your cervix. You may experience cramping similar to menstrual cramps or slightly stronger during the night. You leave Women's Med after the dilataria are inserted and return for the abortion the following day.

When you return the second day, the dilataria are removed by the physician. The physician evacuates the uterus (removes the pregnancy with instruments). This takes between 10 to 20 minutes. Afterward, you stay 1 1/2 to 2 hours for recovery. If having general anesthesia, you must have a responsible person drive you home.

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Patient Privacy and Confidentiality Policy

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS
TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY*

Women's Med centers are the offices of the physicians and practitioners of Women's Med Group Professional Corp. Medical consultation and treatment are confidential and protected by custom, state law and federal law (HIPAA). Medical information includes appointment and financial information that discloses the services you received.

We will not discuss or transmit information about the care of you or any patient to an outside (third) party without the written consent of you, the patient, or of a legal guardian or executor, except as required by law. Our employees will refrain from discussing patient care in front of other patients or visitors to the Center.

Physicians and Registered Nurses may provide information to another physician or physician's agent without the express consent of the patient when they can be reasonably certain that the information provided will further the legitimate treatment and care of the patient by the requesting medical professional. This information may be faxed or transmitted orally.

We will not provide information over the phone to you unless you can provide proof of your identity over the phone. We will not leave information on an answering machine unless you have provided permission for us to do so. We will provide appointment reminders by SMS text messaging only when you have provided us a phone number and permission for that purpose.

If there is a breach of our systems, we will notify you by mail at the address we have on file and advise you of the nature and severity of the breach and corrective steps you can take to protect your information.

If you feel there has been a breach of your confidentiality or privacy by anyone at our office, please contact our Medical Director at (513)272-0755 (voice only) or by fax at (513)272-0052. Please provide details of information compromised, date, how it was compromised and any employees whom you believe were involved.

Please provide the name of any employee you do not want involved in your care here: _____

I have received a copy of this Privacy Policy

Date: <Current Date>

(Patient or Representative Signature)

Women's Med

Disclosure of Risks, Benefits & Alternatives

Please carefully read this form. It's important you understand we cannot guarantee that the results obtained from an abortion procedure will always be perfect. Complications may occur and require further treatment.

- 1. Alternatives:** The alternative to ending a pregnancy is to continue the pregnancy to birth. A woman either accepts the duties of parenthood or makes other arrangements such as adoption. Continued pregnancy has medical and mental risks, which are considered by most medical specialists to be greater than the risks associated with abortion. Parenthood's benefits and risks vary widely depending upon the individual. Before deciding upon an abortion, you should carefully consider alternatives in your specific situation.
- 2. Benefits:** A pregnancy termination can have various benefits, depending upon the individual. Abortion allows you to postpone pregnancy and to resume your normal lifestyle a short time after the procedure.
- 3. Risks:** Medical and surgical abortions have certain statistical risks. Medicine and surgery are not exact sciences. Complications, both major and minor, occur in a small percentage of cases, without anyone being at fault. Below is a list of the significant complications. We will ask you to sign this statement indicating you understand the risks and problems that may result from an abortion.
 - a. Risk of Infection:** Minor and possible major infections can occur following an abortion. This occurs in a small percentage of cases less than 1 out of 1000. Infection can require antibiotic therapy, and very rarely can lead to loss of ability to have children.
 - b. Incomplete Abortion:** Sometimes all tissue may not be expelled or removed during the abortion. This happens in a small percentage of cases, but may lead to infection unless the surgery is performed again or other therapy started.
 - c. Continuing Pregnancy or Failed Abortion:** In a very small percentage of cases, a woman may still be pregnant after an abortion. This may be due to multiple pregnancies (i.e., twins), a double uterus, or a pregnancy in the tubes (ectopic pregnancy). A failed abortion may be detected by a follow-up exam and pregnancy test, after which a re-evacuation can be done. A tubal or ectopic pregnancy is difficult to detect and may require hospitalization and surgery.
 - d. Perforation and Internal Injury:** In a small number of surgical abortions, an instrument may tear the cervix or puncture the uterus' wall. Hospitalization may or may not be necessary, depending upon the injury's extent. If there is sufficient injury to the uterus, removal of the uterus (hysterectomy) may be necessary. In rare instances, there may be injury to the bowel or other internal organs.
 - e. Bleeding or Hemorrhage:** Heavy bleeding immediately or shortly after an abortion may occur and is common with medical abortions. Severe bleeding requires evaluation and possible hospitalization. The treatment depends upon the cause of the bleeding but may include blood transfusion.
 - f. Anesthetic Reactions:** Anesthetics do not always eliminate pain. In a very small number of surgical abortions local anesthetics cause extremely severe reactions, including rare instances of convulsions, cardiac arrest or prolonged unconsciousness.
 - g. Death:** Death is rare in abortion, occurring about 1/400,000 first trimester abortions and 1/100,000 second trimester abortions.
 - h. Emotional Distress:** In addition to the above-mentioned possible complications of abortion, one of the seldom-mentioned side effects of an abortion procedure is that of psychological or emotional aftermath. In some cases, patients with support from family or loved ones weather this quite well. In other cases professional help is required (psychological, psychiatric or social) in aiding you with this most difficult decision.
 - i. Other Risks:** Almost all abortions have no complications. Complications associated with abortion are generally much less frequent than with childbirth. Abortion is 10 to 30 times safer than childbirth. Though a link between abortions and breast cancer has been suggested, the medical literature remains persuasive that no cause and effect relationship exists.
- 4. Advanced Directives:** Advanced Directives are a durable power of attorney for healthcare or a declaration regarding life support. Women's Med will not require an individual to create or refrain from creating an Advanced Directive. If you have an Advanced Directive, it will be honored. Please provide us with a copy of your Advanced Directive to include in your medical record.

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Consent to Treatment

Initial

_____ I have carefully read the **Disclosure Of Risks, Benefits And Alternatives**. I have discussed these to the extent I need to with the physician and/or patient educator, and will ask any questions I have before the procedure.

_____ I have fully told my past and present medical history, including drug allergies, prior surgery, blood conditions, prior medications or drugs taken and reactions I have had to anesthetics, medicine and drugs.

_____ I have read, understand and will carefully adhere to the **Follow-Up Instructions**. I understand that my physician and/or nursing staff may need to contact me to avoid potential serious complications.

I, <if:patient_name_fl ^ endif>, agree to have medical and surgical procedures performed upon me for the purpose of attempting to terminate any pregnancy I may have. I agree to be treated by Dr. Jeanne Corwin, Dr. Catherine Romanos, Dr. Keith Reisinger-Kindle or a designated associate physician.

I further agree to the taking of blood samples, cultures, and other tests and procedures, which might reasonably be indicated. I also agree these tests and procedures might or might not relate to my presently known medical condition. I understand my medical attendants might find such procedures necessary or advisable in the course of my evaluation or treatment and succeeding complication.

I consent to the physician or medical assistants giving me painkillers including nitrous oxide, lidocaine, and any other medications necessary for my care. (Cross out any that do not apply).

I understand that tissue and parts will be removed or expelled during the pregnancy termination and I consent to having them disposed of by the medical center or physician in a manner they believe appropriate and as required by law.

I understand that if a major complication arises I may have to be hospitalized and may require minor or major surgery to protect my health. I consent to any such emergency treatment that may appear necessary.

I have read and fully understand the **Consent To Treatment, Anesthetic And Other Medical Services**. The decision is my own and not coerced by any other persons:

Signature of Patient

Witness
<Current Date>
Date

I, THE UNDERSIGNED, CERTIFY: that I am the parent or legally appointed guardian for the patient named above. I further certify I have read the above consent and other referenced forms. I hereby consent and authorize the above physician to perform an ABORTION upon her.

Signature of Parent or Guardian

Witness

(Relationship)

IDENTIFICATION: Patient: _____

Parent: _____

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Consent and Certification

[As Required by ORC 2317.56(B)(3)]

1. At least twenty-four (24) hours before the performance or inducement of the abortion, a physician met with me in person and informed me of the nature and purpose of the particular abortion procedure to be used; the medical risks associated with that procedure; the probable gestational age of the embryo or fetus; and the medical risks associated with carrying the pregnancy to term.
2. At least twenty-four (24) hours before the performance or inducement of the abortion, a member of the Women's Med staff informed me of the name of the physician who is scheduled to perform or induce the abortion, provided me a copy of the materials published by the Ohio Department of Health, titled, *Fetal Development & Family Planning* and *Services Directory*, and informed me that these materials are provided by the State of Ohio and that they describe the embryo or fetus and list the agencies that offer alternatives to abortion.
3. Before the performance or inducement of the abortion, a physician has provided me the information described in paragraph one in an individual, private setting and I was given an adequate opportunity to ask questions about the abortion that will be performed or induced. All questions about the abortion that will be performed or induced have been answered in a satisfactory manner.
4. I consent to the particular abortion voluntarily, knowingly, intelligently and without coercion by any person and I am not under the influence of any drug of abuse or alcohol.
5. I viewed my ultrasound; I declined to view my ultrasound.
(Initial) (Initial)
- I received a copy of my ultrasound; I declined a copy of my ultrasound.
(Initial) (Initial)
6. I have signed this consent and certification form prior to the performance of inducement of the abortion.

Physician's Notes:

Physician's

Signature _____

PATIENT:

WITNESS:

Signature (Do not sign until you see your physician)

Signature/Date & Time of Signature