

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU FOR CHILDREN, YOUTH AND FAMILIES**

Instructions for Completing the Certification of Informed Consent – Abortion

1997 Legislative Session, amended K.S.A. 65-6701 to provide for:

The Woman’s-Right-To-Know Act, informed consent provisions.

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 24 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, signatures, dates and times.
- In the upper left hand corner, enter the name and 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, referring physician, or other qualified person by entering check marks in the appropriate spaces. Have the pregnant woman read the sections and initial in the spaces provided to acknowledge receipt of information.
- In Section III, type, print or stamp the name of the physician who will perform the abortion. Have the pregnant woman read the section and initial in the space provided to acknowledge receipt of information.

The **CERTIFICATION OF INFORMED CONSENT - ABORTION** form is composed of instructions and a consent form. If information or materials are provided by a referring physician, that person retains the original. It is recommended that the referring physician retain the original as part of the patient’s medical records. Give a copy to the patient with verbal instructions to take it to the physician who is to perform the abortion. It is recommended that this physician also retain a photocopy of this consent form and make it a part of the patient’s medical record. The **CERTIFICATION OF INFORMED CONSENT - ABORTION** (on the following page) should not be sent to Kansas Department of Health and Environment (KDHE).

The **INDUCED TERMINATION OF PREGNANCY, PHYSICIAN’S REPORT ON NUMBER OF CERTIFICATIONS RECEIVED** form must be submitted monthly by the physician accepting referral and who performs the abortion to the:

Kansas Department of Health and Environment
Center for Health and Environmental Statistics
Office of Health Care Information
900 SW Jackson, Room 904
Topeka, Kansas 66612-1220

Questions and/or comments may be submitted to the

Bureau for Children, Youth and Families
900 SW Jackson,
Suite 1005
Topeka, KS 66612-1220
or toll-free 1-888-744-4825

Center for Women's Health
Herbert C. Hodes, M.D., FACOG
Traci L. Nausner, M.D., FACOG
4840 College Blvd.
Overland Park, KS 66211
913-491-6878

**KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
BUREAU FOR CHILDREN, YOUTH & FAMILIES
CERTIFICATION OF INFORMED CONSENT - ABORTION**

Please initial each section to indicate the information was provided.

Initials: **SECTION I The following information was presented to me in writing at least 24 hours before the abortion by Dr. Hodes or Dr. Nausner, 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;
 - § A handbook titled, If You Are Pregnant (revised 7-98 with substitute page 15);
 - § Description of the risks related to the proposed abortion method, including risks to my reproductive health and alternatives to the abortion that a reasonable patient would consider material to the decision of whether or not to undergo the abortion;
 - § The probable gestational age of the fetus at the time the abortion is to be performed and that Kansas law requires the following: "No person shall perform or induce an abortion when the fetus is viable unless such person is a physician and has a documented referral from another physician not legally or financially affiliated with the physician performing or inducing the abortion and both physicians determine that: (1) the abortion is necessary to preserve the life of the pregnant woman; or (2) a continuation of the pregnancy will cause substantial and irreversible impairment of a major bodily function of the pregnant woman." and "No person shall perform or induce a partial birth abortion on a viable fetus unless such person is a physician and has a documented referral from another physician not legally or financially affiliated with the physician performing or inducing the abortion and both physicians determine: (1) The abortion is necessary to preserve the life of the pregnant woman; or (2) a continuation of the pregnancy will cause a substantial and irreversible impairment of a major physical or mental function of the pregnant woman." If the child is born alive, the attending physician has 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 fetus at the time the abortion is to be performed;
 - § The medical risks associated with carrying a fetus to term; and
 - § Any need for anti-Rh immune globulin therapy, if I am Rh negative, the likely consequences of refusing such therapy and the cost of the therapy.

Initials: **SECTION II The following information was presented to me in writing at least 24 hours before the abortion by Dr. Hodes or Dr. Nausner, who is (check one): the physician who is to perform the abortion; a referring physician; a qualified person (an agent of the physician who is a psychologist, licensed social worker, registered professional counselor, registered nurse or physician).**

- _____
- § Directory titled, If You Are Pregnant: Directory of Available Services;
 - § Medical assistance benefits may be available for prenatal care, childbirth and neonatal care;
 - § The father of the fetus is liable to assist in the support of my child, even in instances where he has offered to pay for the abortion (in the case of rape this information may be omitted); and
 - § I am free to withhold or withdraw my consent to the abortion at any time prior to invasion of the uterus 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

Initials: **SECTION III Prior to the abortion procedure, prior to physical preparation for the abortion, and prior to the administration of medication for the abortion, I met privately with the physician who is performing the abortion and such person's staff and I had an adequate opportunity in my own language to ask questions and obtain information from the physician concerning the abortion.**

Signature: _____ Date: _____ / _____ / _____ Time: _____ A.M./P.M