Certification of Voluntary and Informed Consent

Abortion Instructions and Informed Consent Form

Also available in Spanish

Kansas Department of Health and Environment
1000 S.W. Jackson, Suite 220
Topeka, Kansas 66612-1274
Toll Free 1-888-744-4825

Available online: www.womansrighttoknow.org
INSTRUCTIONS
FOR CERTIFICATION OF VOLUNTARY AND INFORMED CONSENT FORM

This form is in compliance with the Woman’s Right to Know Act (K.S.A. 65-6708 et seq.) and 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 VOLUNTARY AND 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 VOLUNTARY AND INFORMED CONSENT - ABORTION (on the following pages) 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, Bureau of Epidemiology and Public Health Informatics
1000 SW Jackson, Ste. 100
Topeka, Kansas 66612

Questions and/or comments may be submitted to the KDHE/BFH, 1000 SW Jackson Street, Ste 220, Topeka, KS 66612-1274 or toll-free 1-888-744-4825.
VOLUNTARY AND INFORMED CONSENT FORM

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. Traci Nauser, who is the physician who is to perform the abortion.

1. The name of the physician who will perform the abortion;

2. a description of the proposed abortion method;

3. a handbook titled, If You Are Pregnant (available in print form and on-line);

4. 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;

5. the probable gestational age of the unborn child 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 unborn child is viable unless such person is a physician and has a documented referral from another physician not legally or financially associated 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 unborn child unless such person is a physician and has a documented referral from another physical not legally or financially associated 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 bodily function of the pregnant women. 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;

6. the probable anatomical and physiological characteristics of the unborn child at the time the abortion is to be performed;

7. the contact information for free counseling assistance for medically challenging pregnancies and the contact information for free perinatal hospice services;

8. the medical risks associated with carrying an unborn child to term; and

9. 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.
SECTION II. The following information was presented to me in writing at least 24 hours before the abortion by Dr. Traci Nauser who is the physician who is to perform the abortion.

1. A handbook titled, If You Are Pregnant: Directory of Available Services (available in print form and on-line) including a list of agencies which offer alternatives to abortion including adoption services;

2. Medical assistance benefits may be available for prenatal care, childbirth and neonatal care, and more detailed information on the availability of such assistance is contained in the printed materials given to me and described in K.S.A. 65-6710, and amendments thereto;

3. The father of the unborn child 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);

4. 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 be entitled; and,

5. An abortion terminates the life of a whole, separately unique, human living being.

SECTION III. At least 30 minutes 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 to perform 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.

SECTION IV. At least 30 minutes prior to the abortion procedure, the physician informed me that ultrasound equipment is used preparatory to the performance of an abortion, my right to view the ultrasound image at no additional expense, and my right to receive a picture of the image at no additional expense.

Ultrasound used: ☐ yes
I requested to view image: ☐ yes ☐ no
I requested a physical picture: ☐ yes ☐ no

Patient Signature: ________________________ Date: _________ Time: ________ A.M. or P.M. (circle one)

At least 30 minutes prior to the abortion procedure, the physician informed me: that heart monitor equipment is used preparatory to the performance of an abortion, and my right to listen to the heart-beat at no additional expense.

Heart monitor equipment used: ☐ yes
I requested to listen: ☐ yes ☐ no

Patient Signature: ________________________ Date: _________ Time: ________ A.M. or P.M. (circle one)

This certification required by K.S.A. 65-6709 shall be placed in the woman’s medical file in the physician’s office and kept for 10 years or in the case of a minor 5 years past the minor’s majority, but in no event less than 10 years.

Rev. 7/11
INFORMED CONSENT for ABORTION PROCEDURE

IN accordance with KANSAS LAW (SB 204), the following information is being provided to you in written form at least twenty-four (24) hours prior to an elective abortion procedure to be performed by: Traci L. Nauser, MD of Overland Park, Kansas.

THE abortion procedure will be that of a Dilatation and Suction Curettage (“D & C”) or a Dilation and Evacuation (“D & E”). The doctor will perform the abortion procedure by numbing the cervix with injections of lidocaine, a local anesthetic. After waiting several minutes for the medication to take effect, the doctor will dilate the cervical opening to the uterus using sterile rods. Tubing attached to a suction machine will then be used to remove the pregnancy tissue from the uterine cavity. Special forceps will be used in the “D & E” procedure to remove fetal tissue. A metal instrument called a curette may also be used to gently scrape the uterine walls. The actual procedure takes from 30 seconds to three to five minutes, depending on the number of weeks of the pregnancy.

The HEALTH RISKS of an abortion are much less than those of other surgical procedures, and far less than those associated with a full-term pregnancy and delivery. SOME of the possible complications include:

- Retained Clots or Tissue; necessitating a repeat “D &C” less than 1 per 100 patients
- Hemorrhage (excessive bleeding), or Infection less than 1 per 350 patients
- Allergic Reaction to Medication less than 1 per 500 patients
- Laceration of the Cervix requiring sutures less than 1 per 500 patients
- Missing an Ectopic (“Tubal”) Pregnancy less than 1 per 600 patients
- “Missing” an early Pregnancy less than 1 per 1000 patients
- Uterine Perforation, Organ Damage, Hospitalization, Major Surgery, Blood Transfusion, Emergency Hysterectomy, future Sterility less than 1 per 10,000 patients
- DEATH less than 1 per 200,000 patients

FOR full-term pregnancies, the death rate following a vaginal delivery is around 15 per 100,000; and 30 per 100,000 for Cesarean Section deliveries (the rate of Cesarean Section is about 1 out of 4 deliveries). There is no credible scientific evidence that abortion causes breast cancer or preterm birth in subsequent pregnancies.

TODAY, you have Four (4) CHOICES:
1. WAITING and thinking more about your decision.
2. CONTINUING the pregnancy, and planning for an ADOPTION.
3. CONTINUING the pregnancy, and BECOMING A PARENT.
4. ENDING the pregnancy, by having an ABORTION.

ALSO provided to you and listed below are some COMMUNITY RESOURCES available to support your decision to carry the pregnancy to full term. The Kansas Department of Health & Environment may be able to provide further assistance.

BASED on the information you provided to us today, you are approximately _________ weeks pregnant (plus or minus 1 week).

IF you carry the pregnancy to full-term, you would DELIVER on approximately: _____ / _____ / _____ (plus or minus 1 week).

______I am not seeking to have an abortion solely on account of the sex of the fetus.

I CERTIFY that I received this information IN WRITING at least 24 HOURS PRIOR to the performance of an abortion procedure upon me by Dr. Traci L. Nauser, M.D. or the staff of Center for Women’s Health.

Signed ________________________________ Time received ______ AM/PM Date received ________________

please see next page
INFORMED CONSENT for ABORTION PROCEDURE

ALL PAPERWORK MUST BE COMPLETELY FILLED OUT BEFORE YOUR APPOINTMENT AND BRING ALL OF IT BACK WITH YOU DO NOT MAIL IT BACK TO US. Due to the time you will be in our office only ONE support person per patient DO NOT BRING CHILDREN.

YOU MUST BRING A PHOTO I.D. SHOWING YOUR DATE OF BIRTH.

ALL fees must be paid in CASH before the procedure. NO Checks or Money Orders. VISA or MasterCard may be used.

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE YOUR APPOINTMENT!

COMMUNITY RESOURCES AVAILABLE TO ASSIST YOU, IF YOU DECIDE TO CONTINUE THE PREGNANCY

KANSAS:
Christian Family Services (913) 491-6751
K. U. Medical Center 588-6290
Right to Life of Eastern Kansas 299-9047
Johnson Co. Health Dept. (Mission) 791-5660
Johnson Co. Health Dept. (Olathe) 782-9400
Wyandotte Co. Health Dept. 321-4803
Douglas County Health Dept. (785) 843-0721
Franklin County Health Dept. (785) 242-1873

MISSOURI:
Birthright (816) 444-7090
Truman Medical Center (West) 556-3516
Truman Medical Center (East) 478-1180
Missouri Right to Life 353-4113
L.I.G.H.T. House 361-2233
Jackson Co. Health Dept. 881-4424
Clay Co. Health Dept. 781-1600
Platte Co. Health Dept. 329-5759
24-HOUR INFORMED CONSENT for ABORTION

DO NOT MAIL IT BACK TO OUR OFFICE!

To comply with Kansas Law {effective July 1, 1998, July 1, 2009, and July 1, 2013} (amended July 1, 2011, July 1, 2013, July 1, 2017), you must receive this Informed Consent at least 24 hours prior to your procedure.

YOU MUST PRINT THIS FORM EXACTLY AS IT APPEARS, USING BLACK INK AND WHITE PAPER. ANY CHANGE TO THE FONT OR THE FONT SIZE OR FAILURE TO PRINT THIS FORM ON WHITE PAPER USING BLACK INK, MAY DELAY YOUR ABORTION APPOINTMENT BY AT LEAST 24 HOURS.

1. ______ Traci L. Nauser, MD will be the physician who is to perform the abortion. She received her medical degree in 1994. She has been employed at the Center for Women’s Health since August 1, 1998.

Has Traci L. Nauser, MD had any disciplinary action by the Kansas Board of Healing Arts? □ Yes ■ No

Does Dr. Nauser carries malpractice insurance as required by the state of Kansas? ■ Yes □ No

Does Dr. Nauser have clinical staff privileges located within 30 miles of the facility where the abortion is to be performed? ■ Yes □ No

Below is a list of the hospitals where Dr. Nauser has clinical staff privileges:

   Menorah Medical Center original approval date August 26, 1998
   Saint Luke’s South Hospital original approval date January 1, 1999
   Overland Park Regional Medical Center original approval date September 4, 1998

Has Dr. Nauser lost privileges at any hospital? □ Yes ■ No

Is Dr. Nauser a resident of the state of Kansas? ■ Yes □ No

2. ______ You will have the opportunity to meet with the doctor before your procedure.

3. ______ Estimated Gestation of Pregnancy: Until you have a sonogram at our office to determine how far along you are, the best way to estimate the gestation is by the date of the 1st day of your last normal menstrual period.
If you believe your last normal menstrual period started: If you believe your last normal menstrual period started:
4 weeks ago 4 weeks pregnant 14 weeks ago 14 weeks pregnant
5 weeks ago 5 weeks pregnant 15 weeks ago 15 weeks pregnant
6 weeks ago 6 weeks pregnant 16 weeks ago 16 weeks pregnant
7 weeks ago 7 weeks pregnant 17 weeks ago 17 weeks pregnant
8 weeks ago 8 weeks pregnant 18 weeks ago 18 weeks pregnant
9 weeks ago 9 weeks pregnant 19 weeks ago 19 weeks pregnant
10 weeks ago 10 weeks pregnant 20 weeks ago 20 weeks pregnant
11 weeks ago 11 weeks pregnant 21 weeks ago 21 weeks pregnant
12 weeks ago 12 weeks pregnant 21.6 weeks ago 21.6 weeks pregnant
13 weeks ago 13 weeks pregnant

The final determination will be made by our doctor upon ultrasound examination. If you are between 4-7 weeks, a Medical Abortion may be done. Between 4-14 weeks the usual procedure is Vacuum Aspiration (“D&C”). If you are between 15-21.6 weeks the most common procedure is Dilation and Evacuation (“D&E”).

4. TYPES of Abortion Procedures:

Medical Abortion: This is done using Mifeprex, taken by mouth. This medication stops the growth of the pregnancy. Two days later you will take a second medication, misoprostol, to cause your body to expel the pregnancy tissue. If you have a medical abortion, you must agree to end the pregnancy if the medication fails. You must agree to return for a check-up two weeks after you take the Mifeprex.

First Trimester (4 - 13 weeks LMP) “Suction D&C” This procedure begins with a local anesthetic given to numb the cervix. The cervix is then widened using dilators, which are tapered rods that gradually increase in size. The physician inserts a small tube (cannula) into the uterus. The suction device empties the contents of the uterus through the tube. The physician may check the walls of the uterus with a curette. The entire procedure takes less than 2 minutes. Sensations will vary, but they are described as cramping or discomfort, which generally subsides within a few minutes after the procedure is over.

Second Trimester (14 - 21.6 weeks LMP) Dilation & Evacuation (“D&E”) During the first appointment; one or more osmotic dilators (“laminaria”) are inserted into the cervix to begin the process of slow, gentle dilation of the cervix. The abortion procedure occurs several hours later (or the next morning) and involves removal of the pregnancy tissue with forceps. A suction instrument is also used to clean the uterus, and a curette is used to check the uterine walls. Patients are then monitored in a recovery area following the procedure.

5. COMPLICATIONS of ABORTION: Possible complications include: blood clots accumulating in the uterus, requiring another suction procedure; infections, most of which are easily identified and treated if the woman carefully observes follow-up instructions; a tear in the cervix, which may be repaired with stitches; perforation of the wall of the uterus, which may heal itself or may require surgical repair or, rarely, hysterectomy; and abortion that is not complete, or that does not completely end the pregnancy and may require the procedure to be repeated; failure to detect a pregnancy outside of the uterus; excessive bleeding due to failure of the uterus to contract, which may require a blood transfusion; up to and including death. In the second trimester, risks increase with every week of gestation.

6. RISKS with terminating a pregnancy vs. carrying a pregnancy to term. Health risks are low with either decision. There is approximately 1 death for every 200,000 women who have a legal abortion. These rare deaths are usually of adverse reactions to anesthesia, heart attacks, or uncontrollable bleeding. The death rate for a woman carrying a pregnancy to term is about 20-30 times higher. There is NO credible scientific evidence that abortion causes breast cancer or pre-term birth in subsequent pregnancies.
7.______Your BLOOD TYPE will be determined the day of your appointment. Approximately 15% of the population is Rh negative. All Rh-negative women will receive an injection of Rh Immune Globulin (RhoGAM®) to prevent problems with future pregnancies such as miscarriage, severe fetal anemia or permanent fetal damage. The cost of the Rh Immune Globulin is $100 - $150, depending on the duration of the pregnancy.

8.______ACCORDING to KANSAS LAW, effective July 1, 1998; amended July 1, 2009; amended July 1, 2011, July 1, 2013, July 1, 2017:

A. INFORMATIONAL MATERIALS are available in printed form and online at womansrighttoknow.org and kansaswomansrighttoknow.org, describing the fetus and listing agencies which offer alternatives to abortion with a special section listing adoption services, national perinatal assistance, and a list of providers of free ultrasound service and free perinatal assistance.

B. ALTERNATIVES to ABORTION include: parenting, foster care and adoption. 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 printed informational materials you received from Center for Women’s Health, or online at: womansrighttoknow.org and kansaswomansrighttoknow.org. For information on Kansas perinatal resources go to www.kdheks.gov/c-f/maternal.html. For national perinatal resources go to www.nationalperinatal.org and www.brightfutures.org.

C. “…the father of the fetus is liable to assist in the support of the child even in instances where he has offered to pay for the abortion...”

D. “…the abortion will terminate the life of a whole, separate, unique, living human being...”

E. “…the woman is free to withhold or withdraw her consent to the abortion at any time prior to the invasion of the uterus without affecting her right to future care or treatment and without the loss of any state or federally funded benefits to which she might otherwise be entitled...”

F. “...No person shall perform or induce an abortion when the fetus is viable (>22 weeks) 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 pregnancy will cause substantial and irreversible physical 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 (>22 weeks) unless such person is a physician and has 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; 2) a continuation of pregnancy will cause 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...”

G. The State of Kansas requires us to make the following statements, which we believe to be medically inappropriate, misleading, and ideologically motivated. We are currently challenging the validity of this requirement in court: “By no later than 20 weeks from fertilization, the unborn child has the physical structures necessary to experience pain. There is evidence that by 20 weeks from fertilization unborn children seek to evade certain stimuli in a manner that in an infant or an adult would be interpreted to be a response to pain. Anesthesia is routinely administered to unborn children who are 20 weeks from fertilization or older who undergo prenatal surgery.”

9.______I received this information at least twenty-four (24) hours prior to my procedure.

PLEASE COMPLETE the FOLLOWING: I RECEIVED THIS INFORMATION ON:

Patient’s Signature _____________________________   TODAY’S Date____________________
CENTER for WOMEN’S HEALTH
CONSENT for “MEDICAL ABORTION”

1. _____ I have read the Medication Guide for using Mifeprex to end my pregnancy.
2. _____ I have discussed the medical abortion with Doctor Nauser at Center for Women’s Health.
3. _____ Doctor Nauser answered all my questions and told me about the risks and benefits of using Mifeprex to end my pregnancy.
4. _____ I believe I am no more than 9 weeks 6 days pregnant.
5. _____ I understand that I will take Mifeprex at the office of Doctor Nauser on Day 1.
6. _____ I understand that I will take misoprostol sublingually (under my tongue) 2 (two) days later: Day 3.
7. _____ Doctor Nauser gave me advice on what to do if I develop heavy bleeding or need emergency care due to the treatment. Call the office: (913) 491-6878), 24 hours a day, and do not go to an emergency room unless advised by Doctor Nauser.
8. _____ Bleeding and cramping do not necessarily mean that the pregnancy has ended. I agree to return to this office in 2 weeks (Day 14) after I take both medications to be sure that the pregnancy has ended, and that I am well.
9. _____ I know in some cases (less than 5 per 100) the treatment does not work, and I hereby agree – before I start – that I will have an in-office abortion if the medication fails to end the pregnancy.
10. _____ I understand that if this pregnancy continues after any part of the treatment, there is a chance that there will be birth defects. If the pregnancy continues after treatment with Mifeprex and misoprostol, I hereby agree to end the pregnancy, possibly including a surgical procedure (D&C) at no additional charge.
11. _____ I understand that if the medicine I take does not end the pregnancy, and I decide to have a surgical procedure to complete the process, or if I need a surgical procedure to stop bleeding, Doctor Nauser will do the procedure at no additional cost. This must be done at their office.
12. _____ I have the name, address and phone number, (913) 491-6878, for Doctor Nauser, and know that I can call 24 hours a day if I have any questions or concerns.
13. _____ I choose to take Mifeprex to end my pregnancy and will follow the advice of Doctor Nauser about when to take each drug and what to do in an emergency.
14. _____ I hereby agree to do the following:

- Contact Doctor Nauser (913) 491-6878 right away if I have a fever of 100.4° F or higher, that lasts for more than 4 hours, or severe abdominal pain.
- Contact Doctor Nauser (913) 491-6878 right away if I have heavy bleeding (soaking through 2 [two] thick full-size sanitary pads per hour for 2 [two] consecutive hours).
- Contact Doctor Nauser (913) 491-6878 right away if I have severe abdominal pain or discomfort, or I am “feeling sick”, including weakness, nausea, vomiting or diarrhea, for more than 24 hours after taking misoprostol.
- Take the MEDICATION GUIDE with me if I am told to visit an emergency room or a physician who did not give me the medication, so that they will understand that I have taken Mifeprex.
- Return to Doctor Nauser’s office 14 days after beginning treatment to be sure that my pregnancy has ended and that I am well.

Patient Signature: ____________________________ Patient ID Number: __________
Patient Name (print): ____________________________ Date: ______ / ______ / _________

The patient signed the Center for Women’s Health “Consent for Medical Abortion” in my presence after I counseled her and answered all her questions. I have given her the Medication Guide for MIFEPREX.

Doctor’s Signature: ____________________________
Physician’s Name: ____________________________ Date: ______ / ______ / _________
In accordance with patient confidentiality and privacy laws, we will need your written permission to discuss appointments, test results, medical records, prescriptions and your account information with anyone other than yourself. Please **LIST BELOW ANYONE** you give permission to access your information (**including billing/account balance information**) by phone, fax or mail.

- ❏ No one (I understand this includes spouse/doctors/etc.)
- ❏ Spouse/Children ________________________________
- ❏ Other ________________________________________

I understand that I have the right to revoke this authority at anytime, but I must do so in writing. The revocation does not apply to any information already released.

_____________________________________          ________________      _________________
Signature of Patient or Legal Guardian/Parent           Relationship                    Date

I hereby acknowledge that I have been offered a copy of Center for Women’s Health Notice of Privacy Practices. Initial_______________ Date______________

**CONSENT TO CORRESPOND ELECTRONICALLY**

While Center for Women’s Health takes reasonable precautions to protect your confidential information, email is not a completely secure method of communication.

I acknowledge if I use electronic mail to initiate contact with Center for Women’s Health regarding my medical care, the physician and/or his representatives have my permission to correspond via that email address.

I give permission for Center for Women’s Health physician and/or staff members to email me at ___________________________ @ _____________________ regarding my medical care.

**AUTHORIZATION FOR TREATMENT**

I hereby authorize medical treatment for myself or my dependent as deemed necessary by the providers of Center for Women’s Health.

**PHARMACY BENEFIT MANAGEMENT CONSENT**

In order to ensure we have the most accurate and up-to-date information on your medication, we are able to import all of your current medications directly from your pharmacy(s) into our Electronic Health Records via a SECURE connection. We will continue to verify your medications, but importing them electronically saves you and our staff time. By providing us with your signature below, you are authorizing us to import your medications on your behalf. I hereby authorize Center for Women’s Health to import my medications from my pharmacy(s) into their electronic health record.

By signing this consent form you are agreeing that Center for Women’s Health can request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes.

**AUTHORIZATION/ASSIGNMENT/RELEASE OF INFORMATION**

I hereby assign all medical and/or surgical benefits to which I am entitled, including Medicare, private, HMO/PPO, and commercial insurances as well as third party payors be made on my behalf to Center for Women’s Health for any services furnished to me or my family by Center for Women’s Health. I hereby authorize said assignee to release all information necessary, including Medical Records, to secure payment or for determination of benefits payable for related services. A photocopy of this assignment is to be considered as valid as the original.

_____________________________________          ________________      _________________
Signature of Patient or Legal Guardian/Parent           Relationship                    Date

Center for Women’s Health
Representative Signature (verified)
FINANCIAL POLICY STATEMENT

We bill your insurance carrier solely as a courtesy to you. You are responsible for the entire bill for services rendered. Any balances, co-pay and/or deductibles are due prior to seeing the physician. If your insurance carrier does not remit payment within 60 days, the balance will be due in full from you. You also understand you are responsible for any amount not covered by your insurance. In the event your insurance company requests a refund of the payment made, you will be responsible for the entire charge amount. Our office makes no guarantee of benefits. Any quoted benefits provided by your insurance company are considered general overview and only a guideline until payment is received. All services are subject to review by the insurance company once a claim is received and they determine if a payment will be made.

A parent who brings a minor child to our office for medical care is legally responsible for payment of all charges. If you do not have insurance, payment is expected when services are rendered. If payment in full is not possible at the time services are rendered, payment arrangements may be made in advance. You must notify the office prior to your appointment if you are unable to pay in full.

I understand and agree that if I fail to make payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees, interest, and attorney fees.

I understand if I am unable to make a scheduled appointment I must cancel within 24 hours of my appointment time. I understand if appointments are repeatedly missed, Center for Women’s Health may be forced to dismiss me from the practice.

Center for Women’s Health accepts payments in the form of credit card (Discover, Visa and MasterCard) or cash. We do not accept checks.

CREDIT CARD ON FILE POLICY

At Center for Women’s Health, we require keeping your credit or debit card on file as a method of payment for the portion of services your insurance doesn’t cover, but for which you are liable. Your credit card information is kept confidential and secure and payments to your card are processed only after the claim has been filed and processed by your insurer, and the insurance portion of the claim has paid and posted to the account.

I authorize Center for Women’s Health to charge the portion of my bill that is my financial responsibility to the following credit or debit card:

- [ ] Visa  - [ ] MasterCard  - [ ] Discover
Card Number _________________________ Expiration Date ____ / ____
Cardholder Name ___________________________ Signature ______________________
Billing Address ____________________________ City ______ State ______ Zip ______

I (we), the undersigned, authorize and request Center for Women’s Health to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility.

This authorization relates to all payments not covered by my insurance company for services provided to me or my dependents by Center for Women’s Health. This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a notification to Center for Women’s Health in writing and the account must be in good standing.

Patient Name (Print): _____________________________________________
Patient Signature: _____________________________________________ Date: _____ / _____ / _____

I have read the above information. I understand my responsibilities for the payment of my account.

Signature of Patient or Legal Guardian/Parent Relationship Date

Center for Women’s Health Representative Signature (verified)
WHAT TO EXPECT WITH A MEDICAL ABORTION

A Safe and Effective Option:

*Mifeprex* is the only FDA-approved non-surgical option for ending early pregnancy. More than 2 million women in the United States have used *Mifeprex* since it was approved by the FDA in September 2000. Mifeprex is 92-95% effective for safely ending pregnancy (5-8% of women will need a surgical procedure to end the pregnancy, or stop heavy bleeding).

How *Mifeprex* Works:

*Mifeprex* is a pill that blocks the hormone, progesterone, which is needed for your pregnancy to continue. *Mifeprex* causes the pregnancy to stop growing. Another medicine, *misoprostol*, causes the body to expel the dead pregnancy. *Mifeprex* is not approved for ending later pregnancies. Early pregnancy means it is 49 days (7 weeks), or less, since your last menstrual period began. *Mifeprex* is taken orally and allows you to avoid anesthesia or surgery in most cases.

How to Take *Mifeprex*:

Please read the *MEDICATION GUIDE* before taking *Mifeprex*. The regimen for *Mifeprex* requires that a woman make TWO visits to our office over a two-week period. (Day 1 and Day 14)

Day 1 At Our Office:
- Read the *Medication Guide*.
- Discuss the benefits and risks of using *Mifeprex* to end your pregnancy
- If you decide *Mifeprex* is right for you, sign the *Patient Consent*
- After getting a sonogram and pelvic exam, swallow 1 tablet (200mg) of *Mifeprex*.

Day 3 At Your HOME:
- Take 4 *misoprostol* tablets sublingually (under your tongue), and swallow after 20-30 minutes
- *Misoprostol* may cause cramps, nausea, diarrhea, and other symptoms. Doctor Nauser may send you home with a prescription for these symptoms.

Day 14 At Our Office:
- This follow-up visit is very important. You must return to the office 14 days after you have taken *Mifeprex* to be sure you are well and that you are not pregnant.
- We will check whether your pregnancy has completely ended. If it has not ended, there is a chance that there will be birth defects. If you are still pregnant, you have previously agreed to end the pregnancy, and the doctor will talk with you about the other choices you have, including a surgical procedure (D&C) to end your pregnancy.

Support:

*Mifeprex* offers you a more private option, with support and counseling readily available throughout the process. If you have routine questions, you can call our staff during regular office hours. Use the same number to call in case of an emergency. You should keep your *Medication Guide* with you if you are told by us to go to an emergency room or a physician other than Doctor Nauser, so they know you are undergoing a medical abortion with *Mifeprex*.

After *Mifeprex*:

You can become pregnant again soon after your pregnancy ends. If you do not want to become pregnant again, start using birth control when we advise you to. You should discuss any questions about birth control with our staff as we will have the most specific information about your situation.
Read this information carefully before taking Mifeprex. It will help you understand how the treatment works. This MEDICATION GUIDE does not take the place of talking with Doctor Nauser.

WHAT IS MIFEPREX?

Mifeprex is Taken to End an Early Pregnancy. It blocks the hormone progesterone needed for your pregnancy to continue. It is not approved for ending later pregnancies. Early pregnancy means it is 49 days (7 weeks) or less since your last menstrual period began. At the time of your office visit you will take 200mg of Mifeprex (Day 1). You will also take another medicine, misoprostol, 2 days later (Day 3), to cause your body to expel the dead pregnancy tissue. About 5 out of 100 women taking Mifeprex will need a surgical procedure (D&C) to complete the process, or to stop excessive bleeding.

What Information Should I Know About Mifeprex?

Cramping and bleeding are an expected part of ending a pregnancy. Rarely, serious bleeding, infections, or other problems can occur following a miscarriage, surgical abortion, medical abortion, or childbirth. Prompt medical attention is needed in these circumstances. Serious infection has resulted in death in a very small number of cases; in most of these cases misoprostol was used in the vagina. Nothing indicates that use of Mifeprex or oral misoprostol caused these deaths. If you have any questions, concerns, or problems, or if you are worried about any side effects or symptoms, you should contact our office: (913) 491-6878.

Be Sure to Contact Our Office Promptly If You Have ANY of the Following:

• Heavy Bleeding: Contact us right away if you soak through 2 (two) thick full-size sanitary pads per hour for 2 (two) consecutive hours; or, if you are concerned about heavy bleeding. In about 1 out of 100 women, bleeding can be heavy enough that it requires a surgical procedure (surgical abortion/D&C) to stop it.

• Abdominal Pain or “Feeling Sick”: If you have abdominal pain or discomfort; or, you are “feeling sick”, including weakness, nausea, vomiting or diarrhea, with or without fever, more than 24 hours after taking misoprostol, you should contact our office without delay. These symptoms may be a sign of a serious infection or another problem (including an ectopic pregnancy, a pregnancy outside the uterus).

• Fever: In the days after treatment, if you have a fever of 100.4° F or higher that lasts for more than 4 hours, you should contact your provider right away. Fever may be a symptom of a serious infection or another problem (including an ectopic pregnancy).

Keep this MEDICATION GUIDE with you. If you are told to visit an emergency room or a provider who did not give you the Mifeprex, you should give them this MEDICATION GUIDE so that they understand that you are having a medical abortion with Mifeprex.

What to do if you are still pregnant after Mifeprex. If you are still pregnant, we will talk with you about your other choices, including a surgical procedure (D&C) to end your pregnancy. You have signed a Consent Form agreeing to complete the abortion process if the medication fails. There is a chance that there will be birth defects if the pregnancy is not ended.

Before you take Mifeprex, you should read this MEDICATION GUIDE and sign the Consent Form. You and your doctor will discuss the benefits and risks of your using Mifeprex.

DO NOT TAKE MIFEPREX:

• If it has been more than 9 weeks 6 days since your last menstrual period began.

• If you do not agree to return for the Day 14 visit.

• If You Do NOT Agree to End the Pregnancy if the Medication Does Not Work.

• If you have an IUD. It must be taken out before you take Mifeprex.

• If your doctor has told you that you have a pregnancy outside the uterus (ectopic pregnancy).

• If you have problems with your adrenal glands (chronic adrenal failure).

• If you take a medicine to thin your blood.

• If you have a bleeding problem.

• If you take certain steroid medicines.

• If you cannot easily get emergency medical help in the 2 weeks after you take Mifeprex.

• If you are allergic to mifepristone, misoprostol or medicines containing misoprostol (such as Cytotec)
HOW DO I TAKE MIFEPREX?

“DAY 1” (at our office):

• Read this MEDICATION GUIDE.
• Discuss the benefits and risks of using Mifeprex to end your pregnancy.
• If you decide Mifeprex is right for you, sign the PATIENT CONSENT FORM FOR “MEDICAL ABORTION.”
• After getting a sonogram and physical exam, swallow 1 tablet (200mg) of Mifeprex.

2 days later (at your home) – This is called “DAY 3”

• Take 4 misoprostol tablets sublingually (under the tongue), and swallow 30 minutes later.
• Misoprostol may cause cramps, nausea, diarrhea, chills and other symptoms.
• Doctor Nauser may write you a prescription for these symptoms.

“DAY 14” (at our office):

• You must return to our office 14 days after you have taken Mifeprex to be sure you are well and that you are no longer pregnant.
• We will check whether the pregnancy has completely ended. If it has not, there is a chance that there will be birth defects. If you are still pregnant, you have agreed to end the pregnancy. We will talk with you about the choices you have, including a surgical procedure (D&C) to end the pregnancy.

What Should I Avoid While Taking Mifeprex or Misoprostol?

Do not take any other prescription or non-prescription medicines (including herbal medicines or supplements) at any time during the treatment period without first asking us, because they may interfere with the treatment. Ask us about what medicines you can take for pain.

What Are the Possible Side Effects of Mifeprex?

Cramping and bleeding are expected with this treatment. Usually, these symptoms mean that the treatment is working. But sometimes you can get cramping and bleeding and still be pregnant. This is why you must return to our office on DAY 14. If you are not already bleeding after taking Mifeprex, you probably will begin to bleed once you take misoprostol, the medicine you take on DAY 3. Bleeding or spotting can be expected for an average of 14 days and may last for up to 28 days. Your bleeding may be similar to, or greater than, a normal heavy period. You may see blood clots and tissue. This is an expected part of ending the pregnancy. Other common symptoms of treatment include diarrhea, nausea, vomiting, chills, headache, dizziness, back pain, and tiredness. These side effects lessen after DAY 3 and are usually gone by DAY 14.

Doctor Nauser will tell you how to manage pain or other side effects.

Call our office for medical advice about side effects: (913) 491-6878

WHEN SHOULD I BEGIN BIRTH CONTROL?

You can become pregnant again soon after your pregnancy ends. If you do not want to become pregnant again, start using birth control when advised by our staff.

CENTER FOR WOMEN’S HEALTH
Traci L. Nauser, MD, FACOG
4840 COLLEGE BOULEVARD
OVERLAND PARK, KS 66211

(913) 491-6878 (24 Hours)