

Ohio Department of Medicaid
**INSTRUCTIONS FOR COMPLETING FORM HHS-687,
CONSENT FOR STERILIZATION**

GENERAL INSTRUCTIONS

In accordance with Title 42 Code of Federal Regulations (CFR), Part 441, Subpart F, sterilization can be paid for with federal funds only if the individual gives informed consent on form HHS-687. This consent form is available in two versions, English and Spanish, and can be downloaded from the HHS website:

<http://www.hhs.gov/opa/sites/default/files/consent-for-sterilization-english-updated.pdf>

<http://www.hhs.gov/opa/sites/default/files/consent-for-sterilization-spanish-updated.pdf>

Note: The most recent version of the consent form may be used even if the indicated expiration date has passed.

A completed consent form is valid for 180 calendar days from the date of individual's signature.

An individual must be at least 21 years of age when the consent form is signed.

The person who obtains the informed consent must provide, in appropriate spoken or signed language, all the items of information required for informed consent that are listed on the consent form, must answer any questions, and must provide a copy of the consent form to the individual to be sterilized for consideration during the subsequent waiting period (*30 calendar days except in specific circumstances*). Suitable arrangements must be made to ensure that the required information is effectively conveyed to an individual who has particular communication needs.

All form fields must be completed, with two exceptions:

- Providing an 'Ethnicity and Race Designation' is optional.
- An Interpreter's Statement is required only if the services of an interpreter are used.

All information entered on the consent form must be legible.

In general, payment can be made for sterilization only if at least 30 calendar days (*but not more than 180 calendar days*) pass between the giving of consent and the sterilization procedure. In cases of premature delivery or emergency abdominal surgery, however, payment may be made if at least 72 hours pass between the giving of consent and the sterilization procedure.

FIELD-SPECIFIC INSTRUCTIONS

CONSENT TO STERILIZATION

1	Doctor or Clinic This field shows the name of the doctor or clinic that provided information to the individual about sterilization. If the provider is a physician group practice, either the names of the member physicians or the name of the group practice may be listed. The entries in Fields 1 and 5 do not have to be the same.
2	Specify Type of Operation
3	Date <i>[of Individual's Birth]</i>
4	[Individual's Name] This field shows the individual's name. The full surname (<i>i.e., family name or "last" name</i>) must be listed. An initial may be used for the first name or a middle name.
5	Doctor or Clinic This field shows the name of the doctor or clinic that performed the procedure. If the provider is a physician group practice, either the names of the member physicians or the name of the group practice may be listed. The entries in Fields 1 and 5 do not have to be the same.
6	Specify Type of Operation
7	Signature <i>[of the Individual]</i>
8	Date <i>[of the Individual's Signature]</i>
9	Ethnicity and Race Designation <i>(optional)</i>

INTERPRETER'S STATEMENT

10	Language
11	Interpreter's Signature
12	Date <i>[of the Interpreter's Signature]</i> If interpreter service was used, this date must be the same as the date in Field 8.

STATEMENT OF PERSON OBTAINING CONSENT

13	<p>Name of Individual</p> <p>This name does not have to match the name in Fields 4 and 19 exactly, but it should reasonably identify the individual who has received services.</p>
14	Specify Type of Operation
15	<p>Signature of Person Obtaining Consent</p> <p>The person who obtains consent does not have to be the same person who provided information on sterilization (<i>reported in Field 1</i>) or the same person who performed the procedure (<i>reported in Field 5</i>).</p>
16	Date [<i>of the Signature of the Person Obtaining Consent</i>]
17	<p>Facility</p> <p>This field shows the place where consent was obtained, not necessarily the place where the procedure was performed.</p>
18	<p>Address</p> <p>The complete facility address includes the physical street address, city, state, and ZIP Code.</p>

PHYSICIAN'S STATEMENT

19	<p>Name of Individual</p> <p>This name does not need to match the name in Fields 4 and 13 exactly, but it should reasonably identify the individual who has received services.</p>
20	Date of Sterilization
21	Specify Type of Operation
22	<p>[Alternative Final Paragraph]</p> <p>Paragraph (1) is used — and paragraph (2) is crossed out — if at least 30 days (<i>but not more than 180 days</i>) passed between the giving of consent and the sterilization. Paragraph (2) is used — and paragraph (1) is crossed out — if fewer than 30 days (<i>but at least 72 hours</i>) passed between the giving of consent and the sterilization, which was performed because of specific circumstances.</p>
23	<p>[Specification of Circumstances]</p> <p>The applicable box must be checked, either 'Premature delivery' or 'Emergency abdominal surgery'.</p> <p>For sterilization associated with premature delivery, the individual's expected date of delivery must be entered.</p> <p>For sterilization associated with emergency abdominal surgery, the circumstances must be described, and operative reports detailing the need for the emergency surgery must be submitted.</p>
24	Physician's Signature
25	Date [<i>of the Physician's Signature</i>]

CONSENT FOR STERILIZATION

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 about sterilization from _____
Doctor or Clinic. When I first asked

for the 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 will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR 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 bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____
_____ . The discomforts, risks

Specify Type of Operation

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. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: _____
_____ *Date*

I, _____, hereby consent of my own
free will to be sterilized by _____
_____ *Doctor or Clinic*
by a method called _____
_____ *Specify Type of Operation*

consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health and Human Services,
or Employees of programs or projects funded by the Department
but only for determining if Federal laws were observed.

I have received a copy of this form.

Signature

Date

You are requested to supply the following information, but it is not required: *(Ethnicity and Race Designation) (please check)*

Ethnicity:

Race (mark one or more):

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> Black or African American |
| | <input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| | <input type="checkbox"/> White |

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____
_____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Interpreter's Signature

Date

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ signed the

Name of Individual

consent form, I explained to him/her the nature of sterilization operation
_____, the fact that it is

Specify Type of Operation

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/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

Signature of Person Obtaining Consent

Date

Facility

Address

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon

_____ on _____

Name of Individual

Date of Sterilization

I explained to him/her the nature of the sterilization operation

_____, the fact that it is

Specify Type of Operation

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/her consent can be withdrawn at any time and that he/she 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 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraph: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 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.)

(1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) 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 of the following circumstances (check applicable box and fill in information requested):

☐ Premature delivery

Individual's expected date of delivery: _____

☐ Emergency abdominal surgery (*describe circumstances*):

Physician's Signature

Date