

ABCD Family Planning Partnership
Informed Consent for the Contraceptive Patch

Name: _____

Date of Birth: _____

Medical Record Number: _____

1. I voluntarily choose and consent to use the contraceptive patch as a method of preventing pregnancy. I consent to the medical treatments, physical exams, procedures, and lab tests my healthcare providers advise are needed for me to use contraceptive patch.
2. Before making my decision, I received a full explanation of the methods of preventing pregnancy including: the contraceptive patch, progestin-only birth control pills, combined oral contraceptive birth control pills, vaginal contraceptive ring, contraceptive implant, contraceptive injection, hormonal IUD, copper IUD, male condoms, female condoms, sponge, spermicides, emergency contraception, natural family planning, permanent contraception (sterilization), and abstinence (not having sex). I understand that except for abstinence no method of birth control is 100% effective.
3. The risks and benefits of using the contraceptive patch to prevent pregnancy have been explained to me including effectiveness, potential side effects, and warning signs. These are described in the ABCD Contraceptive Patch Fact Sheet, which has been provided to me and I understand.
4. Because smoking increases the risk of serious side effects, I understand that I should not smoke while using the contraceptive patch.
5. I understand that the contraceptive patch will only prevent pregnancy if I use it exactly as directed. I received instructions about how and when to apply the contraceptive patch and what to do if I forget or if the patch falls off. I was told how to stop using the patch if I no longer want to use this method to prevent pregnancy.
6. I understand that the contraceptive patch will not protect me from HIV or other sexually transmitted diseases (STDs).
7. I was told how to contact the health center if I have questions, concerns, or an emergency.

I understand the above consent form and have been given the opportunity to ask questions.

Signature of Client Date

Signature of Interpreter (If Needed) Date

Signature and Title of Provider Date