

ABCD Family Planning Partnership
Informed Consent for Emergency Contraceptive Pills

Name: _____

Date of Birth: _____

Medical Record Number: _____

1. I voluntarily choose and consent to use emergency contraceptive (EC) pills 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 EC pills.
2. I understand that EC pills can prevent pregnancy after unprotected intercourse. I understand that if I am already pregnant, EC pills will not stop the pregnancy.
3. Before making my decision, I received a full explanation of the different types of emergency contraception including EC pills and the copper IUD. The risks and benefits of using EC pills to prevent pregnancy have been explained to me including effectiveness and potential side effects. These are described in the ABCD Emergency Contraception Fact Sheet, which has been provided to me and I understand.
4. I understand that EC pills must be started no later than 5 days (120 hours) after unprotected sex. I understand that EC pills work better the sooner I use them after unprotected sex.
5. I understand that EC pills do not prevent all pregnancies, and that regular use of an effective method of birth control may work better than EC pills to prevent pregnancy in the future. I was given the opportunity to receive information and ask questions about all methods of birth control that I can start using today or in the future to prevent pregnancy.
6. I understand that EC pills 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 _____