ABCD Family Planning Partnership

Informed Consent for Vaginal Contraceptive Ring

Name: _____
Date of Birth:_____
Medical Record Number:_____

1. I voluntarily choose and consent to use the vaginal contraceptive ring 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 the vaginal contraceptive ring.

2. Before making my decision, I received a full explanation of the methods of preventing pregnancy including: the vaginal contraceptive ring, progestin-only birth control pills, combined oral contraceptive birth control pills, contraceptive patch, contraceptive implant, contraceptive injection, hormonal IUD, copper IUD, emergency contraception, male condoms, female condoms, sponge, spermicides, 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 vaginal contraceptive ring to prevent pregnancy have been explained to me including effectiveness, potential side effects, and warning signs. These are described in the ABCD Vaginal Contraceptive Ring 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 vaginal contraceptive ring.

5. I understand that the vaginal contraceptive ring will only prevent pregnancy if I use it exactly as directed. I received instructions about how to use the vaginal contraceptive ring correctly and how to stop using the ring if I no longer want to use this method to prevent pregnancy.

6. I understand that the vaginal contraceptive ring 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