

Informed Consent Checklist

NOTICE TO ALL PATIENTS

Arkansas law provides that abortions may be performed only with the voluntary and informed consent of the patient. In compliance with Act 1086 of 2015 and Act 1696 of 2005, this form is important to ensure that you have been provided all of the information you need to make a fully informed decision.

Certification of Receipt of Abortion Information

I certify that I have received the printed materials entitled "Abortion – Making a Decision" and "Arkansas Directory of Services" and a copy of the DVD entitled "Abortion – Making a Decision".

I understand that Arkansas law requires that I am provided these materials at least 48 hours before I undergo an abortion. I also understand that if I am unable to read the materials, the materials must be read to me in a language I can understand. I certify that this requirement of the law has been met for me.

Signature of Patient

Date

Certification of Voluntary and Informed Consent for Abortion

On _____ (date), I was informed orally and in person by _____
(name of physician who is to perform the abortion, or the referring physician) of the following:

- _____ The name of the physician who will perform the abortion
- _____ A description of the proposed abortion method
- _____ The immediate and long-term medical risks associated with the particular abortion procedure
- _____ Alternatives to the abortion
- _____ The probable gestational age of the unborn child at the time the abortion is to be performed
- _____ The probable anatomical and physiological characteristics of the unborn child at the time the abortion is to be performed
- _____ The medical risks associated with carrying the unborn child to term
- _____ 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
- _____ Information on reversing the effects of abortion-inducing drugs



On _____ (date), I was informed orally and in person by _____
(name of physician who is to perform the abortion, the referring physician or a qualified person) of the following:

- _____ Medical assistance benefits may be available for prenatal care, childbirth, and neonatal care and that more detailed information on the availability of such assistance is contained in the printed materials and informational DVD provided to me
- _____ The printed informational material and informational DVD describe the unborn child and list agencies that offer alternatives to abortion
- _____ The father of the unborn child is liable to assist in support of the child, even in instances in which the father has offered to pay for the abortion
- _____ I am free to withhold or withdraw my consent to the abortion at any time without affecting my right to future care or treatment and without the loss of any state or federally funded benefits to which I might be entitled
- _____ The information contained in the printed materials and the DVD, including the Directory of Services, is available on the Arkansas Department of Health website (www.healthy.arkansas.gov)

I certify and affirm that I have received the above information at least 48 hours before I undergo an abortion, the information was given to me in a private room and I was given the opportunity to ask questions. I do hereby voluntarily give my fully informed consent to the abortion.

Signature of Patient

Date

witness

Date

