Abortion Disclosure and Consent Form for Unemancipated Minors and Women under Legal Guardianship or Custodianship for Incompetency

Source: Act 934 of 2015, Parental Involvement Enhancement Act, Ark. Code Ann. §20-16-810(a); 20-16-804

1. Name and birthdate of minor or incompetent woman
20-16-805(b)(1)

_____

Name   date of birth

2. Name of parent of minor or legal guardian or custodian of incompetent woman: 20-16-805(b)(2); 20-16-804

_____

Name

3. Pregnant woman's list of rights 20-16-810(b)(3)&(c)(1-2); 20-16-808,809; 20-16-1701

You have the right to:

a. know the name of the doctor who will perform your abortion;
b. know medical risks associated with the procedure;
c. know medical risks of carrying the fetus to term;
d. know the probable age of your fetus;
e. know a spouse, boyfriend, parent, friend or other person cannot force you to have an abortion;
f. know medical assistance benefits may be available for prenatal care and childbirth:
g. know the father is liable to assist in supporting your child, even when the father has offered to pay for an abortion;
h. know that printed and/or electronic materials describing the fetus are available for you to view, along with a list agencies that offer alternatives to abortion; the printed materials can be mailed to you or you can view them on the internet; and
i. petition a circuit court in the county of your residence for a waiver of the consent requirement and you may participate in the proceedings on your own behalf.

4. Describe the surgical procedures or medical procedures or both, that are planned to be performed on the pregnant woman (COMPLETED BY PROVIDER): 20-16-810(c)(3)

_____

_____

_____

I have read and I understand the information included on this page:

_____
Initials of parent or legal guardian

5. **List of risks and hazards** 20-16-810(c)(4)

    a. infection;

    b. blood clots;

    c. hemorrhage;

    d. allergic reactions;

    e. a hole in the uterus or other damage to the uterus;

    f. sterility;

    g. injury to the bowel or bladder;

    h. possible hysterectomy as a result of complication or injury during the procedure;

    i. failure to remove all products of conception;

    j. possible continuation of pregnancy;

    k. cramping of the uterus or pelvic pain;

    l. cervical laceration;

    m. incompetent cervix;

    n. emergency treatment for any complications; or

    o. death.

    p. other_____

_____
Initials of pregnant woman

6. **Additional information provided by physician to pregnant woman under state law (COMPLETED BY PROVIDER):** 20-16-810(c)(5)

_____

_____

_____

7. **Pregnant woman's consent statement** 20-16-810(b)(4); 20-16-810(c)(6)

a. I understand that the doctor is going to perform an abortion on me that will end my pregnancy and will result in the death of my unborn child.   Initial_____

    20-16-810(c)(6)(A)

b. I am not being forced to have an abortion. I understand that I may choose not to have the abortion, and that I may withdraw my consent prior to the abortion.

    20-16-810(c)(6)(B)   Initial_____

c. I give my permission for the procedure. 20-16-810(c)(6)(C)   Initial_____

I have read and I understand the information included on this page:

_____
Initials of parent or legal guardian

d. I understand that there are risks and hazards that could affect me if I have the planned surgical or medical procedures. 20-16-810(c)(6)(D) Initial_____

e. I have been given the opportunity to ask questions about my condition, alternative forms of treatment, risk of non-treatment, the procedures to be used, and the risks and hazards involved. 20-16-810(c)(6)(E) Initial_____

f. I have been given information required by statute; 20-16-810(c)(6)(F) Initial_____

g. I have sufficient information to give informed consent. 20-16-810(c)(6)(F) Initial_____

8. Physician Declaration
Ark. Code Ann. 20-16-810(b)(5); 20-16-810(c)(7)

a. Either I or my assistant has, as required, explained the procedure and the contents of this form to the pregnant woman and to her parent or legal guardian and have answered all questions. 20-16-810(c)(7)(A)

b. According to my best information and belief, a reasonable person under similar circumstances would rely on the information presented by both the pregnant woman and her parent or legal guardian as sufficient evidence of identity and relationship. 20-16-806(c)

c. To the best of my knowledge, the patient and her parent or legal guardian have been adequately informed and have consented to the procedure. 20-16-810(c)(7)(B)

_____
Signature of Physician 20-16-810(c)(7)

9. Parental Consent Statement
Ark. Code Ann. 20-16-805 (b)(3); 20-16-810(c)(8)

a. I am the parent or legal guardian of the pregnant minor or pregnant incompetent woman. 20-16-805(b)(3)

b. I am aware that the pregnant minor or pregnant incompetent woman desires an abortion and I consent to the abortion. 20-16-805 (b)(3)

I have read and I understand the information included on this page:

_____
Initials of parent or legal guardian

c. I understand that the physician who signed the Physician Declaration is going to perform an abortion on the pregnant minor or pregnant incompetent woman, which will end her pregnancy and result in the death of her unborn child. 20-16-810(c)(8)(A)

d. I have had the opportunity to read the Physician Declaration or have had it read to me and have initialed each page. 20-16-810(c)(8)(B)

e. I have had the opportunity to ask questions of the physician or the physician's assistant about the information in the Physician Declaration and the surgical and medical procedures to be performed on the pregnant minor or pregnant incompetent woman. 20-16-810(c)(8)(C)

f. I believe that I have sufficient information to give informed consent. 20-16-810(c)(8)(D)

_____   _____
Signature Parent or Legal guardian   Date 20-16-810(c)(8)(E)

10. Notarized signatures
20-16-810(b)(2)

_____
Parent or Legal Guardian 20-16-803(3)(A); 20-16-803(3)(B); 20-16-810(b)(2)

Subscribed and sworn to before me

this _____day of _____, 20___

_____
Notary Public

_____
Minor 20-16-803(3)(A)

Subscribed and sworn to before me

this _____day of _____, 20___

_____
Notary Public

I have read and I understand the information included on this page:

_____
Initials of parent or legal guardian

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Form (AS-4011) (1/16)