Place Patient Label Here

Request and Consent for Subdermal Implant (Nexplanon®)

Voluntary Participation and Confidentiality Statement: Title X services are being provided to me solely on a voluntary basis. I understand that staff may not coerce me(force) me to receive services or to use or not to use any particular method of family planning. I understand I have the right to accept or refuse family planning services without being denied eligibility for, or receipt of, any other service or assistance from or participation in any other programs provided by this agency. This information is confidential and will be treated as such.

Birth control methods may have good or bad side effects or complications, which may be harmful to me. I have been told that the most frequent benefits, risks and side effects are those listed below. Others not listed may occur.

Subdermal Implant Use Effectiveness: 99.5–99.9 Percent

Benefits	Possible Risks/Disadvantages	Possible Side Effects
1. Very effective	1. Bleeding changes with period	1. Headache
2. Easy to use	2. Insertion complications (rare)	2. Nausea
3. Discreet	3. May not prevent ovarian cysts	3. Vaginal dryness
4. Relief of menstrual cramps and endometriosis symptoms	4. Does not protect against sexually transmitted infections including HIV	4. May increase risk of blood clots
5. Reduced risk of ectopic pregnancy		5. Sore breasts
6. No estrogen		
7. Quick to return to fertility		

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1. I do not wish to become pregnant now. One benefit of choosing a method of birth control is that I will be better able to delay a pregnancy until it is desired.

2 The contraceptives that I am interested in have been explained to me. I may change to another method or stop using a birth control method at any time I wish, for any reason, including if I wish to become pregnant or if medically recommended. . Instructions for the use of my chosen method have been given to me.

3. I understand that after the insertion, I need to keep the incision site clean and dry and if any signs of infection begin like redness, swelling or heat at the site, I am to contact the health department.

4. I understand that I can expect to have irregular bleeding or spotting, or no periods at all while I am using Nexplanon®. I can contact my healthcare provider if I have any problems or questions related to my periods.

5. I understand that if I decide to have the Nexplanon® removed I must call my healthcare provider. I understand that this will require a visit to the clinic for a minor procedure to have the device removed. I may become pregnant right after the Nexplanon® device is taken out. If I still want to delay pregnancy, I will need to choose different birth control method.

6. <u>I have read the above (or have had it read to me)</u> and have been given the opportunity to ask questions and have received answers to my satisfaction. Being mentally competent, I assume full responsibility and release the local health department, including the attending clinician, staff and assistants of any and all liability for any adverse effects or pregnancy that may result from my using the method of birth control provided to me. I have been advised to call the clinic for discontinuation instruction if I choose to stop this method. I have been provided information about an emergency number to call after clinic hours or when the agency is closed.

7. I have chosen and requested Nexplanon® as a method of birth control.

_____/_____/_____   _____
Date   Signature of Patient

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual in choosing her birth control method:

I have translated the information and advice presented orally to the patient to use the above contraception by the person obtaining this consent. I have also read the patient the consent form in _____ language and explained its contents. To the best of my knowledge and belief, she understood this explanation.

_____   _____/_____/_____
Interpreter   Date