

Place Patient Label Here

Request and Consent for Levonorgestrel Releasing Intrauterine Device (IUD)

Voluntary Participation and Confidentiality Statement: Title X services are provided solely on a voluntary basis. Individuals must not be subjected to coercion to receive services or to use or not to use any particular method of family planning. Acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other service or assistance from or participation in any other programs of the applicant. 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.

Levonorgestrel IUD Use Effectiveness: 99.8 Percent

Benefits	Possible Risks/Disadvantages	Possible Side Effects
<ol style="list-style-type: none">1. Highly effective contraception lasts three to eight years depending on the IUD brand.2. Gives freedom for greater sexual spontaneity.3. Cost effective.4. Decreased risk of ectopic pregnancy.5. Less blood loss during periods.6. Convenient.	<ol style="list-style-type: none">1. Infections occur within the first few days after insertion (rarely)2. IUD may go through the uterus. This is called perforation.3. The IUD may come out by itself (expulsion). Use of a backup birth control method would be required for expulsion.4. Missing IUD threads/strings—your provider can usually remove an IUD with missing threads in the office. Rarely, you will need minor surgery to remove an IUD with missing threads.5. No protection from sexually transmitted diseases including HIV.	<ol style="list-style-type: none">1. Altered menstrual period first few months after insertion.

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1. I do not wish to become pregnant now. One benefit of choosing an IUD is that it is a highly effective method of birth control and by using it 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 and I have been given the opportunity to ask questions about the different methods. I may change to another method or stop using a birth control method at any time I wish, for any reason, including to become pregnant or if medically recommended. I have been advised to call the clinic for discontinuation of the IUD method. Instructions for the use of my chosen method have been given to me.

3. I understand that to continue the use of the levonorgestrel releasing IUD, I must come to the clinic for my yearly checkup. It is my responsibility to schedule my yearly health check. I also understand it is my responsibility to check for IUD strings monthly and call my healthcare provider if I am unable to locate the strings.
4. I understand if any of the following danger signs occur severe abdominal pain, unexplained fever or fever after insertion, pelvic pain or pain during sex, unusual vaginal discharge, genital sores, cannot feel the IUD strings, have severe or prolonged vaginal bleeding, or if partner has sexually transmitted disease, I know to seek medical attention immediately.
5. I have read the above (or have had it read to me) and have been given the opportunity to ask questions and 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. .
6. I have been provided information about an emergency number to call after clinic hours or when the agency is closed.
7. I have requested and received information on the levonorgestrel releasing intrauterine device (IUD) as a method of birth control and have chosen to use this method of contraception. I have been counseled on the advantages and disadvantages of the IUD method.

_____/_____/_____
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 individual to use the above contraception by the person obtaining this consent. I have also read her the consent form in _____ language and explained its contents to her. To the best of my knowledge and belief, she understood this explanation.

Interpreter

_____/_____/_____
Date