

Place Patient Label Here

N.C. Department of Health and Human Services
Division of Public Health
Women, Infant and Community Wellness Section
Reproductive Health Branch

Request and Consent for Spermicide

Voluntary Participation and Confidentiality Statement: Title X services are provided solely on a voluntary basis; I am choosing to receive these services of my own free will. I understand that staff may not coerce (force) me to receive services, 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, any other service/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.

Spermicide Use Effectiveness: 79-84 Percent

Benefits	Possible Risks/Disadvantages	Possible Side Effects
<ol style="list-style-type: none">1. No prescription necessary2. May be purchased over the counter in any drug store or supermarket3. Safe to use with breastfeeding	<ol style="list-style-type: none">1. Incorrect use can lead to pregnancy2. Must be used every time you have sex3. Sex may need to be delayed or interrupted while applying the spermicide4. Does not protect against sexually transmitted infections, including HIV	<ol style="list-style-type: none">1. Allergic reaction (rare)2. If you have any of the following, stop using spermicides and call your healthcare provider:<ol style="list-style-type: none">a. Genital Rashb. Genital Burningc. Other irritation of the genitals

Contraceptive Technology 22nd ed. 2023

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 if 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.

