
Certification of Voluntary and Informed Consent

Abortion Instructions and Informed Consent Form

INSTRUCTIONS FOR CERTIFICATION OF VOLUNTARY AND INFORMED CONSENT FORM

This form is in compliance with the Woman's Right to Know Act (K.S.A. 65-6708 *et seq.*) and is an important legal document. Properly prepared, it is proof that the physician or qualified agent of the physician complied with the statutory requirement that the pregnant woman received complete information about her alternatives and voluntarily consented to an abortion at least 24 hours prior to having the abortion. Complete the form in accordance with the following instructions:

- All entries must be in ink. Type, print or stamp all entries other than the pregnant woman's confirmation initials, signatures, dates and times.
- In the upper left hand corner, enter the name and address of the facility. A stamped name and address is acceptable.
- In Sections I and II, type, print or stamp the name of the individual who presented the information and indicate whether that person is the physician who will perform the abortion, referring physician, or other qualified person by entering check marks in the appropriate spaces. Have the pregnant woman read the sections and initial in the spaces provided to acknowledge receipt of information.
- In Section III, type, print or stamp the name of the physician who will perform the abortion. Have the pregnant woman read the section and initial in the space provided to acknowledge receipt of information.

The CERTIFICATION OF VOLUNTARY AND INFORMED CONSENT - ABORTION form is composed of instructions and a consent form. If information or materials are provided by a referring physician, that person retains the original. It is recommended that the referring physician retain the original as part of the patient's medical records. Give a copy to the patient with verbal instructions to take it to the physician who is to perform the abortion. It is recommended that this physician also retain a photocopy of this consent form and make it a part of the patient's medical record. The CERTIFICATION OF VOLUNTARY AND INFORMED CONSENT - ABORTION (on the reverse side) should not be sent to Kansas Department of Health and Environment (KDHE).

The INDUCED TERMINATION OF PREGNANCY, PHYSICIAN'S REPORT ON NUMBER OF CERTIFICATIONS RECEIVED form must be submitted monthly by the physician accepting referral and who performs the abortion to the:

Kansas Department of Health and Environment
Bureau of Epidemiology and Public Health Informatics
1000 SW Jackson, Ste. 100
Topeka, Kansas 66612

To be completed by the Provider.
Name and address of facility:

Send completed forms to:
Bureau of Epidemiology and Public Health Informatics
1000 SW Jackson, Ste. 100
Topeka, Kansas 66612

Legislative Session, amended K.S.A. 65-6709 and
K.S.A. 65-6710

VOLUNTARY AND INFORMED CONSENT FORM

Please initial each section to indicate the information was provided.

Initials: **SECTION I. The following information was presented to me in writing at least 24 hours before the abortion by _____, who is (check one):**

the physician who is to perform the abortion; **a referring physician.**

1. The following information concerning the physician who will perform the abortion;
 - A. The name of such physician;
 - B. the year in which such physician received a medical doctor's degree;
 - C. the date on which such physician's employment commenced at the facility where the abortion is to be performed;
 - D. whether any disciplinary action has been taken against such physician by the state board of healing arts by marking either a box indicating "yes" or a box indicating "no" and if the box indicating "yes" is marked, then provide the website addresses to the board documentation for each disciplinary action;
 - E. whether such physician has malpractice insurance by marking either a box indicating "yes" or a box indicating "no";
 - F. whether such physician has clinical privileges at any hospital located within 30 miles of the facility where the abortion is to be performed by marking either a box indicating "yes" or a box indicating "no" and if the box indicating "yes" is marked, then provide the name of each such hospital and the date such privileges were issued;
 - G. the name of any hospital where such physician has lost clinical privileges; and
 - H. whether such physician is a resident of this state by marking either a box indicating "yes" or a box indicating "no";
2. a description of the proposed abortion method;
3. a handbook titled, If You Are Pregnant (available in print form and on-line);
4. description of the risks related to the proposed abortion method, including risk of premature birth in future pregnancies, risk of breast cancer and risks to my reproductive health and alternatives to the abortion that a reasonable patient would consider material to the decision of whether or not to undergo the abortion;

5. the probable gestational age of the unborn child at the time the abortion is to be performed and that Kansas law requires the following: “No person shall perform or induce an abortion when the unborn child is viable unless such person is a physician and has a documented referral from another physician not financially associated with the physician performing or inducing the abortion and both physicians determine that: (1) the abortion is necessary to preserve the life of the pregnant woman; or (2) a continuation of the pregnancy will cause a substantial and irreversible *physical* impairment of a major bodily function of the pregnant woman.” If the child is born alive, the attending physician has the legal obligation to take all reasonable steps necessary to maintain the life and health of the child.
6. no person shall perform or induce a partial birth abortion on an unborn child unless such person is a physician and has a documented referral from another physician who is licensed to practice in this state and who is not legally or financially associated with the physician performing or inducing the abortion and both physicians provide a written determination that: the partial abortion is necessary to save the life of a mother whose life is endangered by a physical disorder, physical illness or physical injury, including a life endangering physical condition caused by or arising from the pregnancy itself;
7. the probable anatomical and physiological characteristics of the unborn child at the time the abortion is to be performed;
8. the contact information for counseling assistance for medically challenging pregnancies, the contact information for perinatal hospice services and a listing of websites for national perinatal assistance, including information regarding which entities provide such services free of charge;
9. the medical risks associated with carrying an unborn child to term; and
10. 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.

Initials: _____ **SECTION II. The following information was presented to me in writing at least 24 hours before the abortion by _____, who is (check one):**
 the physician who is to perform the abortion; **a referring physician;**
 a qualified person (an agent of the physician who is a psychologist, licensed social worker, registered professional counselor, registered nurse or physician). I have been informed in writing that:

1. A handbook titled, If You Are Pregnant is available in printed form and on-line that describes the unborn child, and a Directory of Available Services that lists agencies which offer alternatives to abortion with a special section listing adoption services and a list of providers who offer free ultrasound services.
2. medical assistance benefits may be available for prenatal care, childbirth and neonatal care, and more detailed information on the availability of such assistance is contained in the printed materials given to me and described in K.S.A. 65-6710, and amendments thereto;
3. the father of the unborn child is liable to assist in the support of my child, even in instances where he has offered to pay for the abortion (in the case of rape this information may be omitted);

4. I am free to withhold or withdraw my consent to the abortion at any time prior to invasion of the uterus without affecting my right to future care or treatment and without the loss of any state or federally-funded benefits to which I might otherwise be entitled;
5. the abortion terminates the life of a whole, separately unique, human living being; and
6. by no later than 20 weeks from fertilization, the unborn child has the physical structures necessary to experience pain. There is evidence that by 20 weeks from fertilization unborn children seek to evade certain stimuli in a manner that in an infant or an adult would be interpreted to be a response to pain. Anesthesia is routinely administered to unborn children who are 20 weeks from fertilization or older who undergo prenatal surgery.

Initials: _____ **SECTION III.** At least 30 minutes prior to the abortion procedure, prior to physical preparation for the abortion and prior to the administration of medication for the abortion, I met privately with the physician who is to perform the abortion and such person's staff and I had an adequate opportunity in my own language to ask questions and obtain information from the physician concerning the abortion.

Initials: _____ **SECTION IV.** At least 30 minutes prior to the abortion procedure, the physician informed me that ultrasound equipment is used preparatory to the performance of an abortion, of my right to view the ultrasound image at no additional expense, and of my right to receive a picture of the image at no additional expense.
 Ultrasound used: yes ____,
 I requested to view image: yes ____, no ____,
 I requested a physical picture: yes ____, no ____

Patient Signature: _____ Date: _____ Time: _____ A.M. or P.M. (circle one)

Initials: _____ At least 30 minutes prior to the abortion procedure, the physician informed me: that heart monitor equipment is used preparatory to the performance of an abortion, and of my right to listen to the heartbeat at no additional expense.
 Heart monitor equipment used: yes ____,
 I requested to listen: yes ____, no ____

Patient Signature: _____ Date: _____ Time: _____ A.M. or P.M. (circle one)

This certification required by K.S.A. 65-6709 shall be placed in the woman's medical file in the physician's office and kept for 10 years or in the case of a minor 5 years past the minor's majority, but in no event less than 10 years.