

GENERAL CONSENT FOR BIRTH CONTROL

When you sign this consent form, it means that:

- » Your Family PACT provider informed you of the many different types of birth control.
- You discussed the things that are important to you about your method of birth control.
- Your Family PACT provider has explained how to use your chosen method safely and effectively.

I understand that there are many birth control methods I could choose from. These include:



Intrauterine Device (IUD)



Birth Control **Implant**



Birth Control Pills & Emergency **Contraception Pills**



Birth Control Patch



Birth Control Vaginal Ring



Birth Control Shot



Diaphragm, Cervical Cap, & Sponge



External & Internal Condoms



Spermicides



Natural Family Planning Methods



Fertility Awareness Methods



Lactation Amenorrhea Method



Withdrawal Method



Permanent Birth Control (Tubal Ligation)



Permanent Birth Control (Vasectomy)

- » I was told how the method works to prevent pregnancy and how well it works for most people.
- » We have discussed my personal health history. I was told about the benefits and risks of using this method.
- » My Family PACT provider explained how to use my chosen method in a way that I understand.
- » My Family PACT provider and I discussed possible side effects of this method.
- » My Family PACT provider explained problems that could happen. I understand that problems are rare but can still occur. They may also cause serious health issues. I was told the warning signs of these problems.
- » I understand what to do if I want to stop using the method I have chosen.

Based on this information, I have freely chosen to use theas my chosen method of birth control.		(name of method)	
Signature:	Date:		
Printed Name:	HAP ID#:		

To find a Family PACT provider near you, scan the QR code or visit www.FamilyPACT.org and type in your zip code in the "Find Providers" box or call 1-800-942-1054.

All Family PACT services and birth control methods are available at no cost to Family PACT clients.



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