**PLANNED PARENTHOOD ASSOCIATION OF UTAH**

Informed Consent for Termination of Pregnancy

I agree to respect others confidentiality and privacy; you are participating in a education session, medical diagnosis and counseling will not be provided at this time. You can set up a separate time to discuss your specific situation. This session cannot be recorded.

I understand that I am meeting with an approved licensed health care provider at least 72 hours before an abortion that I understand will end my pregnancy to receive the following information:

1. That it is my choice whether to have this pregnancy termination procedure.
2. I have viewed the entire state mandated information module and have provided a signed certificate.
3. I understand I can have to access printed materials published by the State of Utah Department of Health free of charge. This information includes a detailed description of the fetus and is available at [www.health.utah.gov/rhp](http://www.health.utah.gov/rhp) or asking staff for a copy.
4. I have been provided with the options of procedures I can choose from, how it will affect the fetus, as well as alternatives, risks, benefits, and limitations of the procedure or treatment.
5. I have been presented the nature of an abortion procedure and the alternatives to pregnancy termination including adoption and prenatal care.
6. The medical risks to me of carrying this pregnancy to term.
7. I have been given information on gestational age and a description of the development of the fetus at the time the procedure would be performed.
8. I understand that the State of Utah offers an ultrasound free of charge.
9. That if I choose medication abortion and I have only taken the first medication and I am concerned about completing the abortion I should consult a physician immediately.

I hereby certify that I received the information listed above in a face-face education meeting at least 72 hours prior to the time of my appointment for pregnancy termination.

**I agree that an electronic signature is as valid as an original, hard copy signature.**

Signature of Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/ guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I witness the fact that the patient/ patient's legal guardian (or person consenting in her/his behalf) received the above mentioned information and said she/he read and understood same.

Signature of Licensed Healthcare Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/ Time\_\_\_\_\_\_\_\_\_\_\_\_

12/19