

PINAL COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

**DIVISION OF PUBLIC HEALTH
Family Planning Program**

CONSENT FOR EMERGENCY CONTRACEPTIVE PILLS

Initials

Before giving your consent, be sure you understand both the advantages and disadvantages of using Emergency Contraceptive Pills (ECP's). If you have any questions, we will be happy to discuss them with you. You can change your mind at any time before you or your partner take this medicine. Remember, your consent in receiving this medication is completely voluntary.

- _____ I have been informed that ECP's contain a combination of hormones that act to prevent pregnancy. These pills are taken after having unprotected vaginal sex (sex without birth control or a failed birth control method). They are to be used as an emergency treatment only and not as a routine method of contraception. Plan B-One Step is used in our clinics for ECP.
- _____ I have been informed that ECP's are birth control pills taken differently. I have been informed that the U.S. Food and Drug Administration has stated that use of certain birth control pills is safe and effective for emergency contraception.
- _____ I have been informed that ECP's may work by preventing or delaying the release of an egg from the ovary, preventing fertilization, or causing changes in the lining of the uterus that may prevent implantation of a fertilized egg. I have been informed that if I am already pregnant ECP's will not stop the pregnancy.
- _____ I have been informed that the medication should be started as soon as possible after unprotected sex and should be started within 5 days (120 hours) of the unprotected sex.
- _____ I have been informed that ECP's are not 100 percent effective.
- _____ I have been informed that available data suggests that there is no risk to the fetus if the treatment fails, and "the few studies of infant growth & development that have been conducted with progestin-only pills have not demonstrated significant adverse effects."
- _____ I have been informed some reactions to the pills may include:
- * nausea and vomiting
 - * fatigue
 - * dizziness
 - * breast tenderness
 - * early or late menses
- _____ I have been informed that I should return to the clinic or do a home pregnancy test if my period has not started within 3 weeks after treatment.
- _____ My signature below indicates I have read and understand the above and that I freely consent to the use for Emergency Contraceptive Pills.

Signed: _____ Date: _____

Witness: _____ Date: _____