



**PINAL COUNTY PUBLIC HEALTH SERVICES**

**CONSENT FOR PROGESTIN ONLY PILL (POP)**

Please read carefully and initial the following information. Do not hesitate to ask questions if there is something you do not understand or that requires further clarification.

\_\_\_\_ I am aware that there are several birth control methods to choose from, for which I may not be a candidate, including:

- \*Abstinence
- \*Depo-Provera
- \*Diaphragm + cream, or gel
- \*Condoms
- \*IUD
- \*Vaginal Ring
- \*Contraceptive foam and film
- \*Fertility awareness, or Natural family planning
- \*Sterilization for men or women
- \*Nexplanon/Implanon
- \*Hormone Patch

\_\_\_\_ I understand how Progestin Only Pills (POP) work to prevent pregnancy.

\_\_\_\_ I have been informed that as long as the POP is taken exactly as instructed, pregnancy is prevented in 99.7 % of the women using the method. However, in everyday typical use, 9% of the women using the POP pill will get pregnant within the first year of use and 33.3% of women will discontinue use due to side effects or upon stopping of breast feeding.

\_\_\_\_ I have been informed of the benefits, disadvantages, possible risks & side effects of using the POP pill.

\_\_\_\_ I have received instructions about how and when to take the POP pill.

\_\_\_\_ I understand that using the POP does not protect me from the HIV/AIDS virus or other diseases people can get by having sex (STD's). I understand that using latex condoms can help prevent STD's and HIV/AIDS.

\_\_\_\_ I have had the opportunity to discuss any questions or seek further clarification with my clinician. I agree that it is my responsibility to return to the clinic as advised.

\_\_\_\_ My signature below indicates I have read and understand the above information and that I freely consent to the use of the Progestin Only Pill (POP) as a birth control method.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_