



**PATIENT INFORMATION AND INSTRUCTIONS
MEDICAL ABORTION**

Thank you for letting us provide the best health care to you.

The following packet of information will help you make the best choices regarding your abortion options, alternatives, risks, and what to expect both during the day of the procedure and afterwards. We have included all of the costs for our services.

Our staff will also take the time to sit down with you and review this information and answer any of your questions.

After you read the packet, please complete the enclosed Demographic Form and the Medical History Form. The Abortion Consent Form is also included for your review - this form will be filled out during your visit.

In addition we provide you with the HIPAA confidentiality notice, which will require your signature on the date of your appointment indicating that you have received this information.

Sincerely,

Dr. Eric Schaff and the staff of Planned Parenthood of Delaware

Instructions to Patients Prior to an Abortion

1. For clients age 15 or younger, we are required by law to notify your parent or grandparent of your intent to have an abortion. If this is unacceptable to you, please give us a call.
2. Be prepared to give a urine sample shortly after you arrive.
3. Please have ibuprofen (Advil, Motrin) and extra sanitary pads at home.
4. Payment: We accept cash, money order, certified check, and only Visa or Master Card credit cards. Sorry, we don't accept personal checks. **Some insurances are accepted as payment but we must verify your insurance PRIOR to your appointment.** Please call our office for more information.
5. Due to space limitations, please bring only one support person with you to your scheduled appointment. If you are coming in for a medication abortion you do not need to bring a support person.
6. Please do not bring children to your scheduled appointment
7. Please call us if you have any questions.

We look forward to caring for you.

Planned Parenthood Staff

Pregnancy Evaluation Form

Abortion ends a pregnancy. When a pregnancy fails, it is called a spontaneous abortion or a “miscarriage.” When a woman decides to end her pregnancy voluntarily, this is called an induced abortion.

We offer two types of abortions depending on the age of the pregnancy: surgical (suction) abortion through 13 weeks and medical abortion up to 9 weeks (63 days) from the last menstrual period.

Surgical Abortion

- ***Manual or Electrical Vacuum Aspiration:*** Induced abortion with manual (handheld syringe) aspiration is usually done from 5 through 12 weeks gestation and electrical with a suction machine through 13 weeks. The cervix will need to be gently opened, called dilation. A small straw like instrument is inserted into the uterus and then connected to suction. The procedure takes about 3 minutes.
- ***Softening of the cervix:*** Misoprostol tablets taken by mouth prepare the cervix for dilation by softening it and also cause the uterus to contract which decreases bleeding after the procedure. We routinely offer Misoprostol. It can cause cramping, nausea, and some bleeding prior to the procedure.
- ***Anesthesia:*** We recommend Ibuprofen (Advil or Motrin) 800 mg prior to the procedure in addition to the local numbing that is given as injections around the cervix. Local anesthesia does not relieve the pain associated with uterine cramping, but should ease the discomfort of dilation.

Medical Abortion

Women with pregnancies less than 9 weeks of gestation can choose to use a combination of drugs to end their pregnancies. This is called medical abortion. Many women who have medical abortion say it is like having a spontaneous abortion. With medical abortion women should expect heavy bleeding and cramping at home. Patients are given pain medication to take at home.

Medical abortion does not require surgery. Currently medical abortion is used up to 9 weeks gestation or 63 days after the first day of the last menstrual period. Medical abortion is about 95% to 97% effective in terminating a pregnancy. In 3 to 5% of cases, surgical procedures are required to end the pregnancy. At PPDE we use a combination of 2 medicines called Mifepristone and Misoprostol for medical abortion.

- ***Medical Abortion Using the Mifepristone-Misoprostol Method:***

A woman swallows a dose of mifepristone in the office. This first medication has few side effects but causes the pregnancy to detach from the uterus. The second medication, misoprostol, placed in the cheek causes cramping and bleeding. The pregnancy usually ends within four hours of using misoprostol, though sometimes it takes 24 hours. We provide 1 week of an antibiotic, doxycycline.

Safety

Abortion is a very safe procedure. There have 6-7 deaths associated with medical abortion and infection in North America since its introduction in the late 1990s. This infection is due to clostridium sordelli, bacteria that can normally be found in the vagina. The death rate from medical abortion is 1/100,000 compared with 0.1/100,000 for surgical abortion, and 6-10/100,000 for live birth.

		Charge
SURGICAL ABORTION	Up to 11 weeks 6 days	\$380
	12 weeks to 13 week 6 days	\$550
	<i>Includes the following:</i>	
	Ibuprofen 800 mg by mouth	\$0
	Ultrasound for dating	\$0
	Anemia blood check	\$0
	Blood type for Rh	\$0
	Counseling	\$0
	Procedure	\$0
	Local anesthesia with lidocaine	\$0
	Birth control pill pack	\$0
	Antibiotic for 1 week	\$0
	Follow visit pregnancy test or ultrasound	\$0
Optional Sedation for Surgical Abortion	Ativan by mouth (ride home) and/or Toradol by injection (no ride necessary)	\$20
	Fentanyl and Midazolam Sedation Intravenous or intramuscular injection (IV sedation is included with procedures 12wks-13week 6day)	\$60
	MUST HAVE A DRIVER FOR SEDATION	
MEDICAL ABORTION	(Only up to 9 weeks pregnant by ultrasound)	\$430
	<i>Includes the following:</i>	
	Ultrasound	\$0
	Hemoglobin	\$0
	Blood type for Rh	\$0
	Counseling	\$0
	Mifeprex and Misoprostol	\$0
	Antibiotic x 1 week	\$0
	Follow up visit ultrasound and pregnancy test	\$0
	Birth control pack	\$0
Medication for Blood type Rh negative	MicroRhogam: up to 12 weeks	\$40
	Rhogam: 12 weeks 1 day to 13 weeks 6 days	\$120
	Ultrasound only – no procedure	\$100
	Ultrasound, anemia screen and blood type – no procedure	\$120

Please discuss with your counselor your choice between a medical or surgical abortion with or without sedation and whether you would like tests for gonorrhea and Chlamydia (all women receive antibiotics for one week).

Read this information carefully before taking Mifeprex and misoprostol. It will help you understand how the treatment works. This MEDICATION GUIDE does not take the place of talking with your health care provider.

What is Mifeprex?

Mifeprex is used to end an early pregnancy. It blocks a hormone needed for your pregnancy to continue. It is not approved for ending later pregnancies. Early pregnancy means it is 49 days (7 weeks) or less since your last menstrual period began. When you use Mifeprex (Day 1), you also need to take another medicine misoprostol, 2 days after you take Mifeprex (Day 3), to end your pregnancy. About 5-8 out of 100 women taking Mifeprex will need a surgical procedure to end the pregnancy or to stop too much bleeding.

What is the most important information I should know about Mifeprex?

What symptoms should I be concerned with? Although cramping and bleeding are an expected part of ending a pregnancy, rarely, serious and potentially life-threatening bleeding, infections, or other problems can occur following a miscarriage, surgical abortion, medical abortion, or childbirth. Prompt medical attention is needed in these circumstances. Serious infection has resulted in death in a very small number of cases in which misoprostol was used in the vagina. There is no information that vaginal use of misoprostol caused these deaths. If you have any questions, concerns, or problems, or if you are worried about any side effects or symptoms, you should contact your provider. Your provider's telephone number is 302-655-7293.

Be sure to contact your provider promptly if you have any of the following:

Heavy Bleeding. Contact your provider right away if you bleed enough to soak through two thick full-size sanitary pads per hour for two consecutive hours, or if you are concerned about heavy bleeding. In about 1 out of 100 women, bleeding can be so heavy that it requires a surgical procedure (surgical abortion/D&C) to stop it.

Abdominal Pain or "Feeling Sick." If you have abdominal pain or discomfort, or you are "feeling sick", including weakness, nausea, vomiting or diarrhea, with or without fever, more than 24 hours after taking misoprostol, you should contact your provider without delay. These symptoms may be a sign of a serious infection or another problem (including an ectopic pregnancy, a pregnancy outside the womb).

Fever. In the days after treatment, if you have a fever of 100.4°F or higher that lasts for more than 4 hours, you should contact your provider right away. Fever may be a symptom of a serious infection or another problem (including an ectopic pregnancy).

Take this MEDICATION GUIDE with you. When you visit an emergency room or a provider who did not give you your Mifeprex, you should give them your MEDICATION GUIDE so that they understand that you are having a medical abortion with Mifeprex.

What to do if you are still pregnant after Mifeprex with misoprostol treatment: If you are still pregnant, your provider will talk with you about the other choices you have, including a surgical procedure to end your pregnancy. There is a chance that there may be birth defects if the pregnancy is not ended.

Talk with your provider. Before you take Mifeprex, you should read this MEDICATION GUIDE and sign a statement (PATIENT AGREEMENT). You and your provider should discuss the benefits and risks of your using Mifeprex.

Who should not take Mifeprex?

Some women should not take Mifeprex. Do not take it if:

- It has been more than 49 days (7 weeks) since your last menstrual period began.
- You have an IUD. It must be taken out before you take Mifeprex.
- Your provider has told you that you have a pregnancy outside the uterus (ectopic pregnancy).
- You have problems with your adrenal glands (chronic adrenal failure).
- You take a medicine to thin your blood.
- You have a bleeding problem.
- You take certain steroid medicines.
- You cannot return for the next 2 visits.
- You cannot easily get emergency medical help in the 2 weeks after you take Mifeprex.
- You are allergic to mifepristone, misoprostol, or medicines that contain misoprostol, such as Cytotec or Arthrotec.

Tell your provider about all your medical conditions to find out if you can take Mifeprex. Also, tell your provider if you smoke at least 10 cigarettes a day.

How should I take Mifeprex?**• Day 1 at your provider's office:**

- Read this MEDICATION GUIDE.
- Discuss the benefits and risks of using Mifeprex to end your pregnancy.
- If you decide Mifeprex is right for you, sign the PATIENT AGREEMENT.
- After getting a physical exam, swallow 3 tablets of Mifeprex.

• Day 3 at your provider's office:

- If you are still pregnant, take 2 misoprostol tablets.
- Misoprostol may cause cramps, nausea, diarrhea, and other symptoms. Your provider may send you home with medicines for these symptoms.

• About Day 14 at your provider's office:

- This follow-up visit is very important. You must return to the provider about 14 days after you have taken Mifeprex to be sure you are well and that you are not pregnant.
- Your provider will check whether your pregnancy has completely ended. If it has not ended, there is a chance that there may be birth defects. If you are still pregnant, your provider will talk with you about the other choices you have, including a surgical procedure to end your pregnancy.

What should I avoid while taking Mifeprex and misoprostol?

Do not take any other prescription or non-prescription medicines (including herbal medicines or supplements) at any time during the treatment period without first asking your provider about them because they may interfere with the treatment. Ask your provider about what medicines you can take for pain.

If you are breastfeeding at the time you take Mifeprex and misoprostol, discuss with your provider if you should stop breastfeeding for a few days.

What are the possible and reasonably likely side effects of Mifeprex?

Cramping and bleeding are expected with this treatment. Usually, these symptoms mean that the treatment is working. But sometimes you can get cramping and bleeding and still be pregnant. This is why you must return to your provider on Day 3 and about Day 14. See "How should I take Mifeprex?" for more information on when to return to your provider. If you are not already bleeding after taking Mifeprex, you probably will begin to bleed once you take misoprostol, the medicine you take on Day 3. Bleeding or spotting can be expected for an average of 9–16 days and may last for up to 30 days. Your bleeding may be similar to, or greater than, a normal heavy period. You may see blood clots and tissue. This is an expected part of ending the pregnancy.

Other common symptoms of treatment include diarrhea, nausea, vomiting, headache, dizziness, back pain, and tiredness. These side effects lessen after Day 3 and are usually gone by Day 14. Your provider will tell you how to manage any pain or other side effects.

When should I begin birth control?

You can become pregnant again right after your pregnancy ends. If you do not want to become pregnant again, start using birth control as soon as your pregnancy ends or before you start having sexual intercourse again.

* * *

Medicines are sometimes prescribed for purposes other than those listed in a MEDICATION GUIDE. For more information, ask your provider for the information about Mifeprex that is written for health care professionals. Ask your provider if you have any questions. This MEDICATION GUIDE has been approved by the U.S. Food and Drug Administration.

Patient Name: _____ **DOB:** _____ **Patient Number:** _____

The Mifeprex Medication Guide and Patient Agreement provided by the supplier describe the treatment plan for Mifeprex currently approved by the Food and Drug Administration (FDA). This plan is:

- Medications: 600 mg dose of Mifeprex (mifepristone) by mouth and 400 mcg of misoprostol by mouth.
- Mifeprex taken at the clinic on Day 1.
- Misoprostol taken at the clinic on Day 3.
- Follow up in the clinic on Day 13-16.
- Use of the medications up to 49 days of pregnancy.

In research studies, other treatment plans for mifepristone have been shown to be equally safe and effective for medical abortion. We offer other options for using Mifeprex including:

- A. Medication Dosing Changes.
1. A lower dose of 200 mg of Mifeprex (one pill) can be used instead of the 600 mg (three pills) dose recommended on the package. Because Mifeprex costs about \$90 per 200 mg tablet, this saves you \$180 of additional costs.
 2. When the 200 mg dose of Mifeprex is used, the dosage and method of using the second drug misoprostol must be changed. The dose of misoprostol is then 800 mcg (four pills) and they are placed two tablets on each side of the cheek and left for 30 minutes while the medication is absorbed slowly. After 30 minutes, you can swallow any remaining tablets with any fluid.
- B. Change in the day misoprostol is taken and expanding the length of pregnancy medical abortion can be used. If a woman is 9 weeks (63 days) pregnant or less, she can take 200 mg of Mifeprex (mifepristone) by mouth and on Day 2 or 3 take 800 mcg misoprostol, that is two tablets in each cheek for 30 minutes and then swallowed.
- C. Choosing to take the second medication (misoprostol) at home instead of in the clinic. Studies have shown that women can take the second drug (misoprostol) themselves without a health care provider being present. Therefore, taking misoprostol at home is safe, effective and acceptable to women. Most women abort within 2 to 24 hours, (average is 4 hours) after taking the second drug, misoprostol. Women in studies preferred to take their misoprostol at home because of privacy, convenience, control, and comfort, among other reasons.

Safety

Abortion is a very safe procedure. There have 6-7 deaths associated with medical abortion and infection in North America since its introduction in the late 1990s. This infection is due to clostridium sordelli, bacteria that can normally be found in the vagina. The death rate from medical abortion is 1/100,000 compared with 0.1/100,000 for surgical abortion, and 6-10/100,000 for live birth.

In the US, the medical abortion regimen has placed misoprostol in the vagina. In Europe, they do not use misoprostol in the vagina and there have been no reported serious infections. Planned Parenthood recommends using the second medication in the cheek rather than in the vagina.

To review the information:

The FDA-approved treatment plan in the Mifeprex package is:

- The latest day for the abortion is 49 days since the last period.
- The medication is 600 mg dose of Mifeprex (mifepristone) by mouth and 400 mcg of misoprostol by mouth.
- The second visit is an in-person visit to the clinic on Day 3.
- Misoprostol is taken in the clinic on Day 3.
- The follow up appointment is in the clinic on Day 13-16.

Patient Name: _____ **DOB:** _____ **Patient Number:** _____

Please read the following agreement and check your choices below:

I request the following alternative treatment plan for my medical abortion.

Alternative Treatment Plans

Please check and initial your choices below

_____ I am 9 weeks (63 days) pregnant or less and my medication will be 200 mg dose of Mifeprex by mouth on Day 1. I will then take 800 mcg (4 tabs) of Misoprostol, 2 in each cheek on day 2 or day 3.

_____ I will take the misoprostol at home myself.

_____ I do not choose any of the above alternatives. I am 7 weeks pregnant or less and I choose to receive Mifeprex according to the Patient Agreement and Mifeprex package. I will pay an additional \$180 for 2 more tablets of Mifeprex.

I have been given information about different methods of taking Mifeprex and misoprostol to end my pregnancy. I have read and understood the treatment plan described in the Medication Guide and Patient Agreement provided in the Mifeprex (mifepristone) packaging that was approved by the FDA. I understand the alternative options for taking Mifeprex (mifepristone) using other treatment plans. These methods have been studied extensively and found to be as safe and effective as the method approved by the FDA. My provider has answered all of my questions about the different methods of taking Mifeprex and misoprostol.

Based on this information, I have chosen the method that is the best choice for me. I have indicated that choice by the boxes I have checked above. I understand that my choice may be a change from the method approved by the FDA as stated in the Patient Agreement required by the FDA. By signing below, I consent to the treatment plan I have checked and initialed above. If I have chosen an alternative treatment plan, I hereby modify the Patient Agreement.

I understand the risks of mifepristone medication abortion, pregnancy and early surgical abortion. I understand that given the data now available, there is a small risk of death associated with any of these options. The risk of death for each is listed below, along with the risk of a miscarriage:

about one out of every 100,000 women dies during or after a mifepristone medication abortion

about one out of every 100,000 women dies during or after a miscarriage

about 10 out of every 100,000 women die during or after a full or pre-term pregnancy

about 0.1 out of every 100,000 women (one in a million) die during or after a surgical abortion at 8 weeks gestation or less

Signature of Patient: _____ Date: _____

I witnessed the fact that the patient received the above-mentioned information and said she/he read and understood same and had the opportunity to ask questions.

Signature of Witness: _____ Date: _____

Day 1 visit:

Date: _____ Today, you will receive one 200 mg Mifeprex tablet. This is the first step in having a medical abortion. Some women will have some spotting today and you may want to wear a panty liner.

On Day 2 or 3:

On **day 2 or 3**, you will place **800 mcg Misoprostol (4 tablets); 2 in each side of your cheek, leave them in place for 30 minutes** and, after 30 minutes, you can then drink some fluids to swallow any pills remaining.

1. **Drink plenty of fluids** during the day that the abortion is taking place. Eating rich, fried, or spicy foods or not drinking enough water may make you feel sick to your stomach.
2. **Plan ahead** for this day so you are comfortable and have privacy and a support person available. Make sure you have maxi pads, your favorite juices or beverages, favorite videos, etc.
3. You will receive **an antibiotic, Doxycycline**, 100 mg tablets, to use in the **morning and evening for 7 days** starting the same day you use **Misoprostol**.

What to Expect After Using Misoprostol

Approximately **75% of women will abort within the first 4 hours** after taking the misoprostol. The remaining 25% usually will do so in the first 24 hours after misoprostol. 1-2% will not abort at all.

Nausea and Vomiting: Some women will experience nausea and vomiting after **Misoprostol**. We will give you a prescription for **Phenergan**, 25 mg, to take every 6 hours for nausea. You do NOT need to fill this prescription.

Cramps: In about 30 minutes to 4 hours, you will have cramps that may be quite strong. We recommend taking **Ibuprofen (Advil, Motrin) four 200 mg tablets (total 800) mg every 4-8 hours** at the time you use Misoprostol to try to prevent cramps. We will give you a prescription for **Tylenol and Codeine to take 1 or 2 tablets every 4 hours for pain**. Do not drive when using codeine. You do NOT need to fill this prescription. Once the pregnancy tissue has been expelled, cramping (and bleeding) should ease.

Bleeding: Bleeding usually starts ½ to 4 hours after the cramping begins. If you have bleeding heavier than a period, you are probably having the abortion. See section on excessive bleeding.

What Happens When the Abortion Takes Place?

Most women who have had a medical abortion say that it is like having a miscarriage. When the abortion actually happens, don't be alarmed if the bleeding is quite heavy and you pass large blood clots. The cramps may also be really strong. This bleeding and cramping usually lasts for 2-3 hours. This is to be expected. In pregnancies less than 9 weeks, the pregnancy tissue itself is very small and may not be noticed with the bleeding and clots.

What if I Have Symptoms More than 24 Hours AFTER Taking the Misoprostol?

If you have abdominal pain or discomfort, or you are “feeling sick”, including weakness, nausea, vomiting or diarrhea, with or without fever, **more than 24 hours** after taking misoprostol, you should contact our emergency number (302) 655-7293 without delay. Symptoms more than 24 hours after taking the misoprostol may be a sign of a serious infection or other problem.

Follow-up

You must come back for a visit within two (2) weeks to check to make sure that the abortion is complete. The visit will be short and includes an ultrasound.

After the Abortion

Bleeding: Bleeding after an abortion is perfectly normal. The amount of bleeding is difficult to predict since women’s bodies all react differently. Some women have little or no bleeding; some spot for a few days or for several weeks, some bleed, stop and start again; some have bleeding similar to a normal menstrual period for a week or two. Some women pass clots. If you have bleeding that continues to be heavy, call the health center for advice. You should have a normal menstrual period 4 to 8 weeks after your abortion is complete.

Cramping: After the pregnancy tissue passes, there may be some mild cramping for up to a week. You may take Tylenol or ibuprofen if you need it, or use a heating pad or a hot water bottle.

Fever: Some women experience mild fever (100.4°F) and chills within hours of taking misoprostol. If your temperature goes up 24 hours after misoprostol, it could be a sign that an infection is developing and you should call Planned Parenthood right away.

Breast Changes: Any pregnancy related breast tenderness should improve.

Nausea: This should improve within 24-48 hours.

Feeling tired: Because there is a sudden change in your pregnancy hormones, you may feel tired and/or more emotional for a few days.

Activity: You may go back to your usual activities – school, working, driving, as soon as you feel up to it. Some women feel well enough to do so right after the abortion, though most prefer to rest and relax until the next day.

Vaginal Intercourse & Contraception: **You may be able to get pregnant again very soon after the abortion. You can resume sexual activity when you are comfortable.** You should use a reliable contraceptive method. You may start pills, patches, Nuvaring this Sunday or Depo Provera one (1) week after the abortion. If you want, **we will give you one pack of oral contraceptives to start this Sunday.**

Pads and Tampons: Use pads, though after the heavier bleeding lets up, you can use tampons, if you wish.

The following are **the risks of mifepristone medication abortion, pregnancy and early surgical abortion**. Given the data now available, there is a small risk of death associated with any of these options.

about 10 out of every 100,000 women die during or after childbirth
about 1 out of every 100,000 women dies during or after a mifepristone medication abortion
about 1 out of every 100,000 women dies during or after a miscarriage
about 0.1 out of every 100,000 women die during or after an early surgical abortion

IF YOU HAVE AN EMERGENCY

You may call at any time if you have any questions or if you think you have a problem. You should call us at 302-655-7293 and follow the prompts to reach the provider on call if you have:

- 1. Too much bleeding; we define this as soaking two maxi pads an hour for two hours (4 maxi pads); or if you are bleeding heavily for more than 12 hours;**
- 2. Too much pain; not helped by pain medicine, rest, or a heating pad;**
- 3. Too much nausea (sick to your stomach) or vomiting for more than 4-6 hours;**
- 4. A fever over 101° F more than 24 hours after misoprostol;**
- 5. Too much weakness or dizziness more than 24 hours after taking misoprostol.**

When you call, be ready to tell us: the telephone number of an open drug store that you can use, your temperature within the last hour, and the number of pads you have used within the last hour. If you go to the emergency room or to another health care provider who did not give you mifepristone, take the *Mifeprex Medication Guide* with you, so that anyone who sees you will be aware that you are having a medication abortion with Mifeprex.

**Dr. Eric Schaff
Medical Director
Planned Parenthood of Delaware
Phone: 302 - 655 7293**

Your follow up appointment is in 1 or 2 weeks on _____ at _____.

Patient Name: _____ **DOB:** _____ **Patient Number:** _____

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____

Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____

Personal Email: _____ @ _____ Pager: (____) _____

Emergency phone: (____) _____ Name/relationship: _____

How may we contact you? Home phone Work phone Cell Phone Pager
 Mail anonymous Phone anonymous Any method

May we give your test results over the phone (example STI culture?) Yes No

If YES, Please indicate a code we may ask you for so we know we are speaking to you: _____

Please note: Confidentiality may be broken if your health is at serious risk.

Marital Status: Divorced Married Never Married Separated Widowed

Social Security #: _____ **Birth date:** _____ **Sex:** Male Female

Weekly household income: _____ **# adults in house:** _____ **# children in house:** _____

Race: American Indian/Alaskan Asian Pacific Black White Other

Ethnicity: Hispanic Non-Hispanic **Language:** English Spanish

Employment status: Full time Part time Unemployed None

Highest grade completed: _____ **Are you a student now?** _____ Full-time Part-time

Birth control: Oral Foam/condom Patch Nuvaring Depo-Provera Pregnant Other None

Age at first pregnancy _____ Date of last pregnancy _____ Number of pregnancies _____
of miscarriages _____ # of stillbirths _____ # of abortions _____ # of live births _____ # of living children _____

Payment Information:

Payment is expected at the time of service. We gladly accept cash, check, MasterCard or Visa

-
- I will pay the bill myself
-
- I have Medicaid
-
- I have Medicare
-
- I have private Insurance
-
-
- I have had Medicaid or a Medicaid HMO in the past 2 years. You may be eligible for a special funding program.

I certify that the above information is accurate and complete. If I am using Medicaid, Medicare or another insurance, I request any payment of health insurance benefits be made directly to Planned Parenthood of Delaware or its contracted vendors. I understand that I am responsible for the payment of any deductibles, co-payments, co-insurances or services not covered by insurance.

Signature: _____ Date: _____

Patient Name: _____ **DOB:** _____ **Patient Number:** _____

ALLERGIES _____ **Date of Last Menstrual Period (LMP)** _____

MEDICAL HISTORY

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Allergy to Shellfish (Iodine) or Novocain	<input type="checkbox"/>	<input type="checkbox"/>	Fibroids of the Uterus
<input type="checkbox"/>	<input type="checkbox"/>	Anemia/Sickle Cell Trait/Disease	<input type="checkbox"/>	<input type="checkbox"/>	Genetic Conditions
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease/Heart Attack
<input type="checkbox"/>	<input type="checkbox"/>	Use Inhaler or Meds for Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure or Cholesterol
<input type="checkbox"/>	<input type="checkbox"/>	Breast Cancer or Lumps in Breast	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease
<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Liver Tumor/Disease/Hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	Depression/Psychiatric History	<input type="checkbox"/>	<input type="checkbox"/>	Lung Disease
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Anesthesia Complications
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness/Blurred Vision	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia/Bronchitis/TB
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disease
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins

Explanation of above (if necessary): _____

TAKING ANY MEDICINES? (Including herbal): _____

RECENT ILLNESS OR HOSPITALIZATION? Please describe: _____

PREGNANCY & GYN HISTORY

Age at first pregnancy: _____ # of pregnancies including now? _____ # of Vaginal Births _____ C-Sections _____

Previous Abortions _____ Molar Pregnancies _____ Stillbirths _____ Miscarriages _____

Where do you usually go for GYN care? _____

When was your last pap smear? _____ Was it normal? Yes No

What method of birth control were you using when you became pregnant? _____

What method of birth control would you like to use after the abortion? _____

SOCIAL HISTORY

Do you smoke: No Yes If yes, # _____ cigarettes per day for # _____ years.

Do you drink alcohol? No Yes If yes, # _____ drinks per day/week History of alcoholism? Yes No

Do you use street drugs (i.e.: marijuana/cocaine/ecstasy)? No Yes If yes, type: _____

STAFF COMMENTS: _____

Patient Signature: _____ Date: _____

Staff Signature: _____ Date: _____

As part of your lab work, you have had a blood test to determine the Rh factor of your blood type (to find out if you are Rh positive or Rh negative). You were found to be Rh negative. This means you do not have the Rh substances on your red blood cells.

This is important because during every pregnancy, some of the red blood cells from the fetus enter the woman's blood stream, usually at the time of an abortion, miscarriage, or delivery. If the woman is Rh negative and the fetus is Rh positive, the mixing of blood can cause the woman to develop antibodies against the Rh positive blood. This does no harm to the woman; however, if she becomes pregnant again with an Rh positive fetus, the woman's antibodies can cause this fetus to develop severe anemia leading to many complications.

This is why you are being offered an injection of Rh(o)D Immune Globulin – to prevent your body from producing these antibodies. Before you receive this injection, be sure you understand both the benefits and the possible problems. If you have any questions as you read, we will be happy to talk about them with you.

There can be medical benefits and risks associated with this product. There are also risks associated with not getting this product, including the development of severe anemia in the fetus of future pregnancies.

The Rh(o)D Immune Globulin rarely causes side-effects. You may experience discomfort or swelling at the site of the injection, or possibly a slight elevation in temperature. Severe allergic reactions associated with receiving this product are extremely rare, but be sure to tell us of any allergies you may have.

Since Rh(o)D Immune globulin is made from human plasma, a major concern is the spread of infectious agents such as viruses (like hepatitis and HIV). All plasma donors are carefully screened for these and other conditions and possible risk factors, and the product is thoroughly tested for safety during its processing and after it is manufactured. There have been no known cases of disease transmission linked to Rh(o)D Immune globulin in the United States.

This injection will help to protect you from developing Rh antibodies from this pregnancy; however, no guarantee or assurances can be given to you regarding the results that occur from receiving Rh(o)D Immune Globulin.

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED BY PLANNED PARENTHOOD OF DELAWARE AND HOW TO ACCESS THIS INFORMATION****Effective Date of This Notice: April 14, 2003****PLEASE REVIEW THIS NOTICE CAREFULLY**

If you have any questions about this notice, please contact Planned Parenthood of Delaware's Privacy Official at 302-655-7296.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that health information about you and your healthcare is personal. We are committed to protecting health information about you. We will create a record of the care and services you receive from us. We do so to provide you with quality care and to comply with any legal or regulatory requirements.

This Notice applies to all of the records generated or received by Planned Parenthood of Delaware, whether we documented the health information, or another doctor forwarded it to us. This Notice will tell you the ways in which we may use or disclose health information about you. This Notice also describes your rights to the health information we keep about you, and describes certain obligations we have regarding the use and disclosure of your health information.

Our pledge regarding your health information is backed-up by Federal law. The privacy and security provisions of the Health Insurance Portability and Accountability Act ("HIPAA") require us to:

- Make sure that health information that identifies you is kept private;
- Make available this notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use or disclose health information about you. Unless otherwise noted each of these uses and disclosures may be made without your permission. For each category of use or disclosure, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, unless we ask for a separate authorization, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use health information about you to provide you with healthcare treatment and services. We may disclose health information about you to doctors, nurses, technicians, health students, volunteers or other personnel who are involved in taking care of you. They may work at our offices, at a hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy, or other healthcare provider to whom we may refer you for consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes. For example, a doctor treating you may need to know if you have diabetes because diabetes may slow the healing process. We may provide that information to a physician treating you at another institution.

For Payment: We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, a state Medicaid agency or a third party. For example, we may need to give your health insurance plan information about your office visit so your health plan will pay us or reimburse you for the visit. Alternatively, we may need to give your health information to the state Medicaid agency so that we may be reimbursed for providing services to you. In some instances, we may need to tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Healthcare Operations: We may use and disclose health information about you for operations of our healthcare practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study healthcare delivery without learning who our specific patients are.

Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have an appointment. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone number or address to contact you for this purpose.

Fundraising Activities: We may use health information about you to contact you in an effort to raise money for our not-for-profit operations. Please let us know if you do not want us to contact you for such fundraising efforts.

Research: There may be situations where we want to use and disclose health information about you for research purposes. For example, a research project may involve comparing the efficacy of one medication over another. For any research project that uses your health information, we will either obtain an authorization from you or ask an Institutional Review or Privacy Board to waive the requirement to obtain authorization. A waiver of authorization will be based upon assurances from a review board that the researchers will adequately protect your health information.

As Required By Law. We will disclose health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Military and Veterans: If you are a member of the armed forces or are separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to an order issued by a court or administrative tribunal. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after efforts have been made to tell you about the request and you have time to obtain an order protecting the information requested.

Law Enforcement: We may release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- If you are the victim of a crime and we are unable to obtain your consent;
- About a death we believe may be the result of criminal conduct;
- In an instance of criminal conduct at our facility; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Such releases of information will be made only after efforts have been made to tell you about the request and you have time to obtain an order protecting the information requested.

Coroners, Health Examiners and Funeral Directors: We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: You have certain rights to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records. This does not include psychotherapy notes.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing on a form provided by us to: "The Privacy Official at Planned Parenthood of Delaware." If you request a copy of your health information, we may charge a fee for the costs of locating, copying, mailing or other supplies and services associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may in certain instances request that the denial be reviewed. Another licensed healthcare professional chosen by our practice will review your request and the denial. The person conducting the review will not be the person who denied your initial request. We will comply with the outcome of the review.

Right to Amend: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing on a form provided by us and submitted to: "The Privacy Official at Planned Parenthood of Delaware."

We may deny your request for an amendment if it is not the form provided by us and does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; Is not part of the health information kept by or for our practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

Right to An Accounting of Disclosures: You have the right to request a list (accounting) of any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described. To request this list of disclosures, you must submit your request on a form that we will provide to you. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003 [The compliance date of the Privacy Regulation]. The first list of disclosures you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; but this date should not exceed a total of 60 days from the date you made the request.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. For example, you could ask that access to your health information be denied to a particular member of our workforce who is known to you personally. *While we will try to accommodate your request for restrictions, we are not required to do so* if it is not feasible for us to ensure our compliance with law or we believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request on a form that we will provide you. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health matters in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. During our intake process, we will ask you how you wish to receive communications about your health care or for any other instructions on notifying you about your health information. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this Notice at any time upon request. You may also obtain a copy of this Notice at our website (<http://www.ppde.org>).

MINORS AND PERSONS WITH GUARDIANS

Minors have all the rights outlined in this Notice with respect to health information relating to reproductive healthcare, except for emergency situations or when the law requires reporting of abuse and neglect. In the case of abortion, if you obtain a judicial bypass or parental notification is required by law, you have the same rights as an adult with respect to health information relating to your abortion. If you are a minor or a person with a guardian obtaining healthcare that is not related to reproductive health, your parent or legal guardian may have the right to access your medical record and make certain decisions regarding the uses and disclosures of your health information.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our facility and on our website. The Notice contains the effective date on the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact “The Privacy Official at Planned Parenthood of Delaware.” All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain the records of the care that we provided to you.