



PATIENT INFORMATION AND INSTRUCTIONS SURGICAL 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 that are 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 call our office.
2. Be prepared to spend 3-4 hours in our Center the day of your scheduled appointment
3. Be prepared to give a urine sample shortly after you arrive at our office.
4. Please have ibuprofen (Advil, Motrin) and extra sanitary pads at home after your procedure.
5. Please wear a loose fitting two-piece outfit on the day of your appointment
6. If you choose sedation, either by mouth or in your vein, you **must** have someone drive you home
7. If you are getting intravenous sedation, in your vein, you should not eat solid food 6 hours before your scheduled appointment time. You can have clear liquids (tea, water, apple juice) and toast up to your appointment time. We will be measuring your oxygen level on your finger, please remove acrylic nail polish on your index finger.
8. Due to space limitations, please only bring one support person with you to your scheduled appointment.
9. Please do not bring children to your scheduled appointment.
10. Payment: We accept cash, money order, certified check, Visa, and MasterCard. Personal checks are not accepted. **Some insurances do cover services, but we must verify your insurance PRIOR to your appointment. Please call our office for more information.**
11. Please call our office if you have additional 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 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.

COSTS OF ABORTION at PLANNED PARENTHOOD of DELAWARE

		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) MUST HAVE A DRIVER FOR SEDATION	\$60
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).

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

Sedation is medication that is given by mouth (oral), injected into your muscle (intramuscular), or injected into your vein (intravenous). Oral and intramuscular sedation is given about 30 minutes prior to your procedure. Intravenous sedation is given just before the procedure. You will not fall asleep, although you will feel more relaxed. These drugs can lessen anxiety and/or pain.

Possible side effects

Although these drugs are generally safe, there are possible problems or complications that can rarely occur. The major reactions that can happen include, but are not necessarily limited to: allergic reactions; going into deeper sedation causing your breathing to decrease; damage to or failure of the heart, lungs, liver, kidneys, and/or brain; phlebitis (infection of the vein); death.

Precautions

You will be advised by a staff member about your food and drink intake prior to sedation. You must not have any liquids for 2 hours and solids for 6 hours before IV (intravenous) sedation.

Sedation can become deeper sedation with loss of consciousness due to the particular drugs or sedatives give, as well as your own physical condition and your own use of, or sensitivities to drugs or sedatives.

Tell us if you have:

1. Breathing problems due to asthma, chronic bronchitis, emphysema, or other conditions;
2. Heart problems;
3. Used prescription medicines that can cause sleepiness;
4. Any allergies to drugs;
5. Taken any street drugs or alcohol in the last 24 hours.

If on the day of the procedure you are found to be at increased risk of complications, you will not be able to receive sedation.

After the Procedure

The effects of these medicines can last for several hours. Therefore, you should not drive, operate heavy machinery or make important decisions for 24 hours after the procedure. **YOU MUST HAVE SOMEONE DRIVE YOU HOME FROM THE CLINIC.**

Signature of Client: _____ Date: _____

I witness the fact that the client received the above mentioned information and said she/he read and understood same, and had the opportunity to ask questions.

Signature of Witness: _____ Date: _____

Most women have no problems after abortion. Here are general instructions about what to expect and how to take care of yourself after the procedure. We've also included instructions for handling an emergency should one occur.

You should plan on relaxing for the rest of the day after the procedure. Don't drive after the procedure. Most women return to their normal activities the day after. Don't do any heavy lifting or vigorous exercise for two weeks. Fill and take any prescriptions you may have been given for antibiotics, birth control, or other medication.

Here is some information about issues that may concern you:

- **Bleeding** – Some vaginal bleeding is normal after the procedure. It may be different than your menstrual period. It is normal to pass a few clots the size of a quarter. If your clots are larger than a quarter, or if you are passing many of them, call the clinic. It is also normal to have no bleeding, spotting that lasts up to six weeks, heavy bleeding for a few days, or bleeding that stops and starts again. Call us immediately if you soak two or more maxi pads an hour for two hours.
- **Cramping** – You may have cramps. Use a heating pad, pain medication, and rest for relief.
- **Sex** – Don't put anything in the vagina for one week after the procedure. You can return to your normal sexual activity when you are comfortable. You can get pregnant again within two weeks of the procedure. Use birth control to prevent unwanted pregnancy.
- **Your next period** – Expect to get your next period from four to six weeks after the procedure.

Call us immediately (302)655-7293 or go to the nearest emergency room if you:

- Soak two maxi pads an hour for two hours
- Have abdominal pain or cramps that you cannot relieve with pain medication
- Have a fever of 100.4° or higher
- Have an unpleasant smelling vaginal discharge or drainage
- Have signs of a continuing pregnancy

Your health is important to us. You may need a follow-up visit with us after the abortion. Your follow-up appointment will be _____. It is very important for you to keep this appointment. Tell us if you will be seeing another health care provider for this follow-up.

You can call us:
Wilmington Center and 24 Hour Emergency Number: (302)655-7293
Dover Center: (302)678-5200

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

Before having a vacuum aspiration (surgical) abortion, you need to know the most common benefits, side-effects, risks, and alternatives. We have listed them here. We are happy to answer any questions you have.

The three options for women who become pregnant are parenthood, adoption, and abortion. Our counselors and clinicians would be glad to discuss these options and make appropriate referrals. The following is about abortion:

Vacuum aspiration ends a pregnancy by suctioning away the pregnancy from the uterus. We date the pregnancy by an ultrasound examination.

CARE BEFORE ABORTION

- **Education and Consent.** A staff person will:
 - Review your medical history
 - Explain the procedure
 - Answer any questions
 - Obtain your written consent
- **Laboratory Tests.** Tests may include:
 - A pregnancy test (and/or ultrasound)
 - A blood test to check your Rh blood type and to see if you have anemia (low iron)
- **Ultrasound.** Ultrasound dates the pregnancy. A probe will be passed over your abdomen or, if you are very early, into your vagina to date the pregnancy.
- **Physical Exam.** You will have your blood pressure taken and have a pelvic exam.
- **Review.** A clinician will review your medical history, exam, and any tests ordered to determine if the abortion can be performed at Planned Parenthood.
- **Pain Medication.**
 - You will be offered ibuprofen (Advil) prior to your procedure and receive a local numbing medication, lidocaine, around your cervix. For most women, this is sufficient.
 - You will be offered sedation by mouth for an additional charge of \$20 or IV sedation for \$60. You should not have eaten for 6 hours, or had liquids for 2 hours, and you will need a ride home. These medications do not put a woman to sleep. They do make you relaxed, sleepy and reduce pain.
- **Cervical Preparation.** The cervix is the lowest part of the uterus that allows menstrual blood to flow out. “Preparation” of the cervix describes spreading and softening of this opening. We use the medication misoprostol to prepare the cervix. It makes the abortion safer for you and easier for the clinician to perform.
 - **Misoprostol** is swallowed orally by thousands of people each year as a medication for stomach ulcers. **Misoprostol** has been approved by the Food and Drug Administration (FDA) as part of the medical abortion regimen and for other medical uses. **Misoprostol has not been approved by the FDA for cervical preparation for surgical abortion.** Despite not having formal FDA approval, use of **misoprostol** for cervical preparation for surgical abortion is a commonly used procedure that has been proven safe and effective in medical studies. It takes as little as 30 minutes to prepare the cervix. After the abortion, the cervix returns to its normal pre-abortion state.
 - **Misoprostol** may cause birth defects, so it is very important that the abortion procedure be completed once it has started.
 - **Misoprostol** can cause nausea, rarely vomiting, cramping and vaginal bleeding. We will offer you a sanitary pad while you wait for your procedure.
- **Prepare Ahead.** The day before your procedure:
 - Buy maxi pads and pain relievers (e.g., ibuprofen/Advil or acetaminophen/Tylenol) to use afterwards.
 - Arrange for help from your family or friends.

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

The Abortion Procedure

You will be given ibuprofen and a local anesthetic to numb the cervix or other additional medications that you have decided upon to decrease pain and discomfort during the procedure.

After the pelvic examination, the clinician will place a speculum in the vagina and wash the cervix with an antiseptic soap. After numbing medication around the cervix, the cervix will be gently stretched with narrow instruments called dilators. A small plastic tube is inserted into the uterus which is connected to either a hand-held syringe or to an electric suction machine. The pregnancy is removed.

You may feel cramping during and after the procedure as the uterus shrinks back to its smaller size. The tissue will be examined to make sure the procedure is complete.

AFTER THE ABORTION

You will be taken to a recovery area for rest and observation. You will be given instructions on what to expect and how to care for yourself. You will schedule an appointment for a check-up in 2-4 weeks. Birth control plans will be discussed with you and a free pack of birth control pills are available to start the first Sunday. When you feel comfortable, usually after 30 minutes, you may leave. You will need someone to drive you home if you had medication to sedate you during the procedure.

BENEFITS

- A safe and effective way to end a pregnancy.

RISKS

Vacuum aspiration is one of the safest and most common procedures. However, there are risks with any medical procedure. The risks increase the longer you are pregnant, if sedation is used, and if you have other significant health problems. Although rare, the risks associated with vacuum aspiration abortions include:

- **Temporary side effects** — of bleeding and cramping are common, temporary and rarely require treatment.
- **Incomplete procedure** — Pregnancy tissue left inside the uterus may lead to excessive bleeding, infection, or both. If this occurs, repeat aspiration may be needed in our clinic or hospital. Other tests or treatment may be necessary. We examine all tissue removed to try to avoid this problem.
- **Blood clots in the uterus** — Clots may re-accumulate in the uterus that cause cramping and abdominal pain. Aspiration may need to be repeated. This is more common after 10 weeks of pregnancy. Misoprostol pre-treatment helps to avoid this problem.
- **Infection of the uterus** — Most infections are easily identified and treated with antibiotics but can require repeat aspiration, hospitalization, or even surgery. All instruments that enter the cervix are sterile and women receive 1 week of an antibiotic, **Doxycycline**, to help avoid this problem.
- **Failure to end the pregnancy** — Rarely, the abortion fails to end the pregnancy, for example, if the cervix can not be stretched enough to enter into the uterus. We examine all tissue removed to identify this problem and treat it with repeated aspiration under ultrasound or medications that induce abortion.
- **Excessive bleeding (hemorrhage)** — Rarely, heavy bleeding occurs that can require medications, repeat aspiration, blood transfusion, or surgery — including hysterectomy (removal of the uterus). Misoprostol pre-treatment and examining all tissue for complete abortion helps to avoid this problem.
- Injury to the cervix, uterus or other organs — **Rarely, an instrument may tear the cervix or go through the wall of the uterus, which could damage internal organs such as the intestines, bladder, or blood vessels. Treatment may vary from just observation to abdominal surgery including hysterectomy (removal of the uterus). Misoprostol pre-treatment to soften the cervix, soft flexible tubes inside the uterus, and minimal suction from the hand held syringe help to avoid this problem.**

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

- **Allergic reaction** — Some women may be allergic to the local anesthetic or to other medications used. It is important that you tell your clinicians about all drugs you are allergic to or are taking. When known, we will avoid all likely medications that cause an allergy. We have additional medications available to treat an allergic reaction.
- **Emotional reaction** — Most women report a sense of relief after abortion. It is common for some women to also experience sadness, guilt, or other emotional reactions, although these feelings usually go away quickly. Serious psychiatric disturbances occur rarely and less frequently after abortion than they do after childbirth. We have skilled clinicians to help you or can make referrals if needed.
- **Death** — Death from vacuum aspiration abortion is extremely uncommon, about 1/1,000,000 early abortions and becoming even rarer. The risk of death from childbirth is more than 10 times greater.

ALTERNATIVES

If you are early in your pregnancy (up to 9 weeks), you may be eligible to use medicines to end the pregnancy (called medical abortion). Other alternatives include a referral for an abortion in a hospital or by another provider now or later in the pregnancy. However, the risks of the procedure become greater the longer you delay an abortion.

You will be given instructions on how to care for yourself after the abortion and a telephone number to reach the clinic if you have a problem. You will also be asked to return to Planned Parenthood for a follow-up visit. These appointments are not necessary if you are feeling fine and have contraception.

No guarantee can be made about the outcome of the abortion procedure. It is important that you understand the potential risks, side-effects, and complications, as well as alternatives to the procedure. In the unlikely event that you need emergency medical care that cannot be provided at Planned Parenthood, you will be responsible for paying for it — even if Planned Parenthood refers you to a hospital because of a complication.

Your health is important to us. If you have any questions or concerns please call us at:

Wilmington Center & 24 hour Emergency Number: (302) 655-7293.

Dover Center: (302) 678-5200

We are happy to help you.

I agree to have an early surgical abortion that includes preparing the cervix with misoprostol.

Patient Signature _____ Date _____

I witness the patient received this information, said she read and understood it, and had an opportunity to ask questions.

Witness _____ Date _____

Before you have your cervix prepared for abortion, be sure you understand the benefits, risks, and possible side effects. We have listed them here for you. We will be happy to answer any questions you may have. We can also discuss with you other options for preparing your cervix to help you make the best decision.

The cervix is the narrow lower part of the uterus with an opening that connects the uterus to the vagina. Preparing the cervix with misoprostol helps soften it so the opening can be stretched wider. The word for stretching it open is dilate. Preparing the cervix makes the abortion safer for you and easier for the clinician to perform. The cervix will return to normal after the abortion. In some cases, misoprostol may cause abortion before the planned procedure can be completed.

How it works — The brand name for misoprostol is Cytotec. It is a special hormone called a prostaglandin. It is like the one that a woman's body produces. It is very effective.

Women usually take the misoprostol pill one to three hours before the abortion. You may swallow it, or place it between your cheek and gum, or under your tongue, or insert it into your vagina. It will soften and help dilate your cervix for the abortion.

The U. S. Food and Drug Administration (FDA) approved misoprostol for use in medication abortion and for other medical uses. **No one has asked the FDA to specifically approve misoprostol for cervical preparation for other abortion procedures, and it has not done so.** Clinicians commonly use misoprostol for preparing the cervix even though it does not have formal approval. They are confident of this use because medical studies have proved that it is safe and effective. Use without formal approval is often called off-label use.

Benefits —

- for you — decreased risk of injury to the cervix
- for your clinician — increased ease in performing the procedure

Risks —

There are risks associated with all medications and medical procedures. The risks associated with preparing the cervix with misoprostol include

- Not enough cervical preparation — More misoprostol or another way may be needed to further prepare the cervix.

Rare risks include

- excessive bleeding that requires surgery
- rupture or tear of the uterus that requires surgery
- allergic reaction

Misoprostol may cause birth defects. It is very important that the abortion procedure be completed once it has started. We cannot guarantee that the pregnancy will continue normally or that your personal health will be unaffected if you decide not to complete the abortion after taking misoprostol.

Side Effects —

Possible side effects include

- vaginal bleeding
- leaking of fluid from the vagina
- cramping
- nausea and vomiting
- fever or hot flushes
- diarrhea, headache, dizziness, back pain, tiredness

These side effects are usually temporary. Call the clinic if you are concerned about them.

You can call us at:

**Wilmington Center and 24 Hour Emergency Number: (302) 655-7293
Dover Center (302) 678-5200**

Your Follow-Up Visit

Your health is important to us. We strongly recommend that you return to the clinic for a follow-up visit after the abortion is completed.

Your next appointment will be on _____ at _____ o'clock.

It is very important that you keep this appointment, or that you tell us if you will be seeing another health care provider for follow-up.

You can call us 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.