



Family PACT

Planning • Access • Care • Treatment

OFFICE OF FAMILY PLANNING

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Tutorial on Sterilization Form

PM 330



Tutorial for Form PM 330

This tutorial includes:

- Definition of Sterilization
- Eligibility for Sterilization
- Steps of Informed Consent

The contents of this tutorial are adapted from the Medi-Cal Manual (Part 2, 1-23).





Sterilization

Sterilization is a medical procedure or operation causing an individual to be unable to have children.

Sterilization is permanent and irreversible.

- In women, sterilization blocks or cuts the fallopian tubes (Tubal Ligation or Hysteroscopic Sterilization)
- In men, sterilization blocks or cuts the vas deferens (Vasectomy)





Who is Eligible?

To qualify for sterilization procedure under Family PACT, a client must be:

- Enrolled in Family PACT
- At least 21 years of age at the time of the consent
- Mentally competent





What is Mentally Competent?

To be mentally competent (fit or qualified), a person must have the mental ability to give “informed consent.”

- The client can only give consent if mentally able to understand the reason for, the final outcome of, and the complications involved in the sterilization process
- The consent is voluntary





Waiting Period

- 30 days (but not longer than 180 days)
- 72 hours for emergency abdominal surgery





Who Can Counsel?

- The physician or
- Trained staff who represents the physician





Informed Consent

Inform the client about:

- All available methods of birth control
- Sterilization is permanent
- Steps of the procedure
- Complications and risks
- Benefits and outcomes
- Post-procedure information





Informed Consent

- Tell your client that he or she has the right to change his or her mind any time before the procedure
- You must provide your client with a printed copy of a brochure on sterilization published by the California Department of Health Care Services





How to Obtain Brochures on Sterilization for Clients

- ❑ The brochures are entitled “Permanent Birth Control for Men” and “Permanent Birth Control for Women”
- ❑ These brochures are available to download and print in English and Spanish on the Department of Health Care Services Website





How to Obtain Brochures on Sterilization for Clients

- Go to www.dhcs.ca.gov and type “Permanent Birth Control” in the search box
- Choose the link ending in /Pages/PermanentBirthControl.aspx
- Choose the brochure you would like to print





How to Obtain Brochures on Sterilization for Clients

- You can print the 2 page brochure on letter size or legal size paper
- To print a brochure on **letter size** paper, click on one of the links and open the brochure PDF file
- On the File menu, click **Print**
- In the Print section, click on the tab **Properties**





How to Obtain Brochures on Sterilization for Clients

For Paper Size, select **letter** for 8.5” by 11” paper

- Click **OK** to save the selection and exit Properties
- For Page Scaling, select **Shrink to Printable Area**
- Click **OK** to print





How to Obtain Brochures on Sterilization for Clients

- To print a brochure on **legal** size paper, click on the brochure you'd like to print
- On the File menu, click **Print**
- In the Print section, click on the tab **Properties**
- For paper size, select **legal** for 8.5" by 14" size paper
- Click **OK** to save the selection and exit Properties
- Click **OK** to print





Who Cannot Give Consent?

Your client cannot give consent to a sterilization procedure if:

- He or she has been drinking alcohol or using drugs
- She is in labor or had childbirth in the last 24 hours
- She is thinking about or had an abortion in the last 24 hours





Medi-Cal Regulations for Sterilization

Medi-Cal regulations do **NOT** permit obtaining consent for sterilization from a person who is seeking to have an abortion.

- This does NOT mean that the two procedures cannot be done at the same time. If your client consents to be sterilized, then later wishes to have an abortion, both procedures can be done at the same time
- An elective abortion does not qualify as an emergency abdominal surgery and the sterilization procedure would require the 30-day waiting period





PM 330 Form Tips

- Avoid any writing in the margins of the form
- Ensure that procedure name is consistent throughout
- Ensure that the client's name is consistent throughout
- Ensure that the client's date of birth is consistent in both the PM 330 and the claim form

Errors may result in your claim being denied.





PM 330 Form Tips

- The client's signature on the PM 330 must match the name on the client's HAP card and the claim form
- Make sure that the handwriting is consistent in any given section of the form
- Keep all signatures within the line provided with no writing in the margins

Errors may result in your claim being denied.





PM 330 Form Tips

- Only the PM 330 form will be accepted. Claims will be denied if any other forms are used. The PM 284 is no longer valid
- A clear, readable copy of the signed PM 330 must be attached to the claim**
- A copy of the signed consent form must be given to the client

Errors may result in your claim being denied.





Four Sections of PM 330

1. Statement of Client –
Consent to Sterilization
2. Statement of Interpreter
3. Statement of Counselor
Obtaining Consent
4. Statement of Physician
Performing Procedure



Consent Form PM 330



OFFICE OF FAMILY PLANNING

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from _____ (doctor or clinic). When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____ (Name of procedure). The discomforts, risks and benefits associated with the operation have been explained to me. All of my questions have been answered to my satisfaction.

I understand that the operation will be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally funded programs.

I am at least 21 years old and was born on _____ / _____ / _____ Mo Day Yr.

Sex: Male Female

First Name: Last Name:

I hereby consent of my own free will to be sterilized by _____ (Doctor's name) by a _____ method called _____ (Name of procedure).

My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services.
- Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Signature of individual to be sterilized _____ Date: _____ / _____ / _____ Mo Day Yr

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this form. I have also read him/her the consent form in

its contents to him/her in the best of my knowledge and belief he/she understood this explanation.

Signature of Interpreter _____ Date: _____ / _____ / _____ Mo Day Yr

PM 330 (4/97)

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ signed the consent form, I explained to him/her the nature of the sterilization operation _____, the fact that it is intended to be a final and irreversible procedure, the discomforts, risks and benefits associated with the operation, and the fact that alternative methods of birth control are available which are temporary. I counseled the individual that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

Signature of person obtaining consent _____ Date: _____ / _____ / _____ Mo Day Yr

Name of Facility where patient was counseled _____

Address of Facility where patient was counseled _____ City _____ State _____ Zip Code _____

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon _____ on _____ / _____ / _____ (Date of Sterilization), I explained to him/her the nature of the sterilization operation _____ (Name of procedure), the fact that it is intended to be final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of Alternative Final Paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery when the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph below which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box below and fill in information requested.)

A Premature delivery date: _____ / _____ / _____ Individual's expected date _____ Mo Day Yr

of delivery: _____ / _____ / _____ (Must be 30 days from date of patient's signature). Mo Day Yr

B Emergency abdominal surgery; describe circumstances: _____

Signature of Physician performing surgery _____ Date: _____ / _____ / _____ Mo Day Yr

STATEMENT OF CLIENT

STATEMENT OF PHYSICIAN

STATEMENT OF INTERPRETER

Section 1

Statement of the Client

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from _____ . When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____ . The discomforts, risks and benefits associated with the operation have been explained to me. All of my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on _____ .

I, _____ Last

_____ First MI

hereby consent of my own free will to be sterilized by _____ (Doctor's name) by a

method called _____ (Name of procedure)

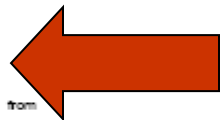
My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services.
- Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Signature of individual to be sterilized _____ Date: _____ Mo / Day / Yr



Consent to Sterilization

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____ . The discomforts, risks and benefits associated with the operation have been explained to me. All of my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on _____ .

I, _____ Last

_____ First MI

hereby consent of my own free will to be sterilized by _____ (Doctor's name) by a

method called _____ (Name of procedure)

My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services.
- Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Signature of individual to be sterilized _____ Date: _____ Mo / Day / Yr

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained this explanation.

Signature of Interpreter _____ Date: _____ Mo / Day / Yr

PM 330 (4/97)

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ signed the consent form, I explained to him/her the nature of the sterilization operation _____, the fact that it is _____ (Name of procedure)

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

Signature of person obtaining consent _____ Date: _____ Mo / Day / Yr

Name of Facility where patient was counseled _____

Address of Facility where patient was counseled _____ City _____ State _____ Zip Code _____

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon _____ (Name of individual to be sterilized) on _____ Mo / Day / Yr

Date of sterilization, I explained to him/her the nature of the sterilization operation _____ (Name of procedure)

the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of Alternative Final Paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Check applicable box.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

Premature delivery date: _____ / _____ / _____ Individual's expected date of delivery: _____ / _____ / _____ (Must be 30 days from date of patient's signature)

Emergency abdominal surgery; describe circumstances: _____

Signature of Physician performing surgery _____ Date: _____ Mo / Day / Yr



Statement of the Interpreter

Interpreter's Signature

A person providing language assistance in obtaining consent must sign here.

Make sure the signature stays on the line and does not go into margin.



■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in Language Used language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Interpreter's Signature Date: ___ / ___ / ___
Signature of Interpreter Mo Day Yr

PM 330 (4/97)





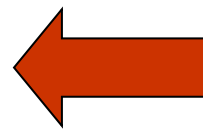
Statement of the Interpreter

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in **Language Used** _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Interpreter's Signature _____ Date: **06 / 05 / 11**
Signature of Interpreter Mo Day Yr

PM 330 (4/97)



Date of Signature

The date the interpreter assisted in the consent process must be written down here.

Make sure the date does not go into the margin.





Statement of Interpreter

Before signing the statement, the interpreter must:

- Translate/interpret the information given verbally by the counselor to obtain consent
- Read the consent form to the client in the language that the client understands
- Ask the client if he or she understood the process of informed consent and clarify any concerns that the client may have





Section 3

Statement of the Counselor

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before Joe Smith
(Name of individual to be sterilized)

consent form, I explained to him/her the nature of the sterilization operation _____, the fact that it
(Name of procedure)

is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.



I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at anytime and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

Signature of person obtaining consent Date: ____ / ____ / ____
Mo Day Yr

Name of Facility where patient was counseled

Address of Facility where patient was counseled City State Zip Code

Client's Name

Must be consistent throughout the consent form.

Verify line numbers 4, 7, 12, and 18.





Statement of the Counselor

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before **Name of the Client** signed the
(Name of individual to be sterilized)
 consent form, I explained to him/her the nature of the sterilization
 Vasectomy , the fact that it
(Name of procedure)
 operation _____, the fact that it
 is intended to be a final and irreversible procedure and the discomforts, risks, and
 benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn anytime and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

Signature of person obtaining consent Date: _____ / _____ / _____
Mo Day Yr

Name of Facility where patient was counseled

Address of Facility where patient was counseled City State Zip Code

Name of the Procedure

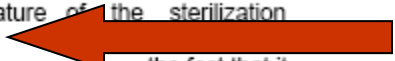
Enter the full name of the procedure.

Example: Vasectomy (Men); Tubal Ligation (Women)

If being filled out in Spanish, the name of the procedure may be written in Spanish.

The name of the procedure needs to be consistent throughout the form (line numbers 2, 6, 13 and 20) as well as on the claim form.

This line may be pre-stamped or typed.





Statement of the Counselor

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before **Name of the Client** signed the
(Name of individual to be sterilized)
 consent form, I explained to him/her the nature of the sterilization
 operation **Name of the Procedure** , the fact that it
(Name of procedure)
 is intended to be a final and irreversible procedure and the discomforts, risks, and
 benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth
 control are available which are temporary. I explained that sterilization is different
 because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn
 at anytime and that he/she will not lose any health services or any benefits provided
 by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at
 least 21 years old and appears mentally competent. He/She knowingly and
 voluntarily requested to be sterilized and appears to understand the nature and
 consequences of the procedure.

 Counselor's Signature Date: 06 / 05 / 11
Signature of person obtaining consent Mo Day Yr

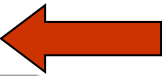
Name of Facility where patient was counseled

Address of Facility where patient was counseled City State Zip Code

Date of Signature

The person obtaining consent must write down the date he or she talked with the client.

Make sure the date does not go into the margin of the form.





Statement of the Counselor

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before **Name of the Client** signed the
(Name of individual to be sterilized)
 consent form, I explained to him/her the nature of the sterilization
 operation **Name of the Procedure** , the fact that it
(Name of procedure)
 is intended to be a final and irreversible procedure and the discomforts, risks, and
 benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth
 control are available which are temporary. I explained that sterilization is different
 because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn
 at anytime and that he/she will not lose any health services or any benefits provided
 by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at
 least 21 years old and appears mentally competent. He/She knowingly and
 voluntarily requested to be sterilized and appears to understand the nature and
 consequences of the procedure.

Counselor's Signature _____ Date: Month / Day / Year
Signature of person obtaining consent Mo Day Yr

Name of the Facility _____
Name of Facility where patient was counseled

1234 Main Street, Anytown, CA 95000 _____
Address of Facility where patient was counseled City State Zip Code

Address of the Facility

Write down the complete mailing address of the facility where the client was counseled.

Make sure to include the street address, city, state and zip code.

It may be pre-stamped or typed.

← Make sure the address (including the zip code) stays on the line and does not go into the margin of the form.





Statement of the Counselor

Before signing this section, the counselor must:

- Explain the sterilization procedure to be performed
- Inform the client that the procedure is final and irreversible
- Explain the discomforts, risks and benefits associated with it
- Inform the client about temporary methods of birth control





Statement of the Counselor

The counselor must also:

- Inform the client that he/she can withdraw consent at any time without losing any benefits in health services or other benefits provided by Federal funds
- Confirm the client is at least 21 years of age and mentally competent
- Ensure that the client is asking for sterilization of his or her own free will and understands the nature and consequences of the procedure





Section 4

Physician's Statement



OFFICE OF FAMILY PLANNING

CALIFORNIA DEPARTMENT OF PI

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon

Mary Jones



(Name of individual to be sterilized)

____/____/____ (Date of Sterilization), I explained to him/her the nature of the
Mo Day Yr

sterilization operation _____,
(Name of procedure)

the fact that it is intended to be final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of Alternative Final Paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery when the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph below which is not used.

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box below and fill in information requested.)

A Premature delivery date: ____/____/____ Individual's expected date
Mo Day Yr

of delivery: ____/____/____ (Must be 30 days from date of patient's signature).
Mo Day Yr

B Emergency abdominal surgery; describe circumstances: _____

Signature of Physician performing surgery Date: ____/____/____
Mo Day Yr

Name of Client

Must be consistent throughout the form.





Physician's Statement

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon
Name of the Client _____ on

(Name of individual to be sterilized)
07 / 24 / 11 (Date of Sterilization), I explained to him/her the nature of the
Mo Day Yr

Date of Procedure



Must match the date of the procedure on the claim form.

Make sure the date does not go into the margin of the form.

sterilization operation _____ ,
(Name of procedure)

the fact that it is intended to be final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of Alternative Final Paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery when the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph below which is not used.

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box below and fill in information requested.)

A Premature delivery date: ____ / ____ / ____ Individual's expected date
Mo Day Yr

of delivery: ____ / ____ / ____ (Must be 30 days from date of patient's signature).
Mo Day Yr

B Emergency abdominal surgery; describe circumstances: _____

 Signature of Physician performing surgery Date: ____ / ____ / ____
Mo Day Yr





Physician's Statement

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon

Name of the Client _____ on

(Name of individual to be sterilized)
Mon Day Year _____
Mo Day Yr (Date of Sterilization), I explained to him/her the nature of the

sterilization operation **Tubal Ligation** _____,
(Name of procedure)

the fact that it is intended to be final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of Alternative Final Paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery when the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph below which is not used.

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

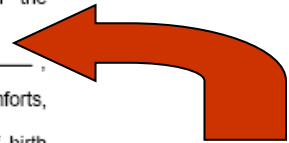
(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box below and fill in information requested.)

A Premature delivery date: ____/____/____ Individual's **expected date**
Mo Day Yr

of delivery: ____/____/____ (Must be 30 days from date of patient's signature).
Mo Day Yr

B Emergency abdominal surgery; describe circumstances: _____

Signature of Physician performing surgery Date: ____/____/____
Mo Day Yr



Name of the Procedure:

Enter the full name of the procedure.

Example: Vasectomy (Men); Tubal Ligation (women)

If being filled out in Spanish, the name of the procedure may be written in Spanish.

The name of the procedure needs to be consistent throughout the form (line numbers 2, 6, 13 and 20) as well as on the claim form.

This line may be pre-stamped or typed.





Physician's Statement

If the minimum waiting period (30 days) is met

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon

Name of the Client

_____ on

(Name of individual to be sterilized)

Mon, Day, Year

(Date of Sterilization)

I explained to him/her the nature of the

sterilization operation **Name of the Procedure**

(Name of procedure)

, the fact that it is intended to be final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of Alternative Final Paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery when the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph below which is not used.

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.


(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box below and fill in information requested.)

A Premature delivery date: ____/____/____ Individual's expected date
Mo Day Yr

of delivery: ____/____/____ (Must be 30 days from date of patient's signature).
Mo Day Yr

B Emergency abdominal surgery; describe circumstances: _____

 Signature of Physician performing surgery Date: ____/____/____
Mo Day Yr

 **Cross off this paragraph.**





Physician's Statement

When the 30 days waiting period is not met due to:

- Premature Delivery
- Emergency Abdominal Surgery

Cross out Statement 1

Go to Statement 2

Then, check box A or B





Minimum Waiting Period NOT Met Due To Premature Delivery

■ **PHYSICIAN'S STATEMENT** ■

Shortly before I performed a sterilization operation upon
Name of the Client _____ on

(Name of individual to be sterilized)
Mon. Day, Year (Date of Sterilization), I explained to him/her the nature of the
Mo Day Yr

sterilization operation **Name of the Procedure** _____,
(Name of procedure)

the fact that it is intended to be final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of Alternative Final Paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery when the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph below which is not used.

~~(1) At least thirty days have elapsed between the date of the individual's signature on this consent form and the date the sterilization was performed.~~

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box below and fill in information requested.)

A Premature delivery date: ____ / ____ / ____ Individual's expected date
Mo Day Yr
 of delivery: ____ / ____ / ____ (Must be 30 days from date of patient's signature).
Mo Day Yr

B Emergency abdominal surgery; describe circumstances: _____

 Signature of Physician performing surgery Date: ____ / ____ / ____
Mo Day Yr



Cross off this paragraph.





Minimum Waiting Period NOT Met Due To Premature Delivery

■ **PHYSICIAN'S STATEMENT** ■

Shortly before I performed a sterilization operation upon
Name of the Client _____ on
(Name of individual to be sterilized)
Mon_ Day_ Year _____, I explained to him/her the nature of the
Mo Day Yr (Date of Sterilization)
 sterilization operation **Name of Procedure** _____,
(Name of procedure)
 the fact that it is intended to be final and irreversible procedure and the discomforts, risks and benefits associated with it.
 I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.
 I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.
 To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of Alternative Final Paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery when the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph below which is not used.

(1) At least thirty days have ~~passed~~ between the date of the individual's signature on this consent form and the date of sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box below and fill in information requested.)

- A Premature delivery date: ____/____/____ Individual's expected date
Mo Day Yr
 of delivery: ____/____/____ (Must be 30 days from date of patient's signature).
Mo Day Yr
- B Emergency abdominal surgery; describe circumstances: _____

 Signature of Physician performing surgery Date: ____/____/____
Mo Day Yr

**Check box
 "A."**



Check here if it is premature delivery.





Minimum Waiting Period NOT Met Due To Premature Delivery

■ **PHYSICIAN'S STATEMENT** ■

Shortly before I performed a sterilization operation upon
Name of the Client _____ on

(Name of individual to be sterilized)
Mon, Day, Year _____, I explained to him/her the nature of the
Mo Day Yr (Date of Sterilization)

sterilization operation **Name of the Procedure** _____,
(Name of procedure)

the fact that it is intended to be final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

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(Instructions for use of Alternative Final Paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery when the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph below which is not used.

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box below and fill in information requested.)

A Premature delivery date: **06 / 11 / 11** Individual's expected date
Mo Day Yr

of delivery: _____ / _____ / _____ (Must be 30 days from date of patient's signature).
Mo Day Yr

B Emergency abdominal surgery; describe circumstances: _____

 Signature of Physician performing surgery Date: _____ / _____ / _____
Mo Day Yr

Date of Premature Birth

Fill in the actual date of the premature birth.

It must be at least 72 hours from the date of consent.





Minimum Waiting Period NOT Met Due To Premature Delivery

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon
Name of the Client _____ on _____

(Name of individual to be sterilized)

Mon / Date / Year
(Date of Sterilization), I explained to him/her the nature of the

Mo / Day / Yr

Name of the Procedure _____
 sterilization operation _____
(Name of procedure)

the fact that it is intended to be final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of Alternative Final Paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery when the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph below which is not used.

(1) At least thirty days ~~has~~ elapsed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box below and fill in information requested.)

A Premature delivery date: ____/____/____ Individual's expected date
Mo Day Yr

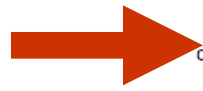
of delivery: **07 / 12 / 11** (Must be 30 days from date of patient's signature).
Mo Day Yr

B Emergency abdominal surgery; describe circumstances: _____

 Signature of Physician performing surgery Date: ____/____/____
Mo Day Yr

Expected Delivery Date

Must be at least 30 days from the date of consent.





Minimum Waiting Period NOT met Due to Emergency Surgery

Check box
 "B."

Check here if it is
 an emergency
 abdominal
 surgery. It must
 be at least 72
 hours from the
 date of consent.

Make sure your
 explanation stays
 on the line and
 does not go into
 the margin of the
 form.



■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon
Name of the Client _____ on
(Name of individual to be sterilized)

Mon_ Day_ Year _____, I explained to him/her the nature of the
Mo Day Yr (Date of Sterilization) **Name of the Procedure** _____
 sterilization operation _____,
(Name of procedure)

the fact that it is intended to be final and irreversible procedure and the discomforts,
 risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth
 control are available which are temporary. I explained that sterilization is different
 because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn
 at any time and that he/she will not lose any health services or benefits provided by
 Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at
 least 21 years old and appears mentally competent. He/She knowingly and
 voluntarily requested to be sterilized and appeared to understand the nature and
 consequences of the procedure.

**(Instructions for use of Alternative Final Paragraphs: Use the first
 paragraph below except in the case of premature delivery or emergency abdominal
 surgery when the sterilization is performed less than 30 days after the date of the
 individual's signature on the consent form. In those cases, the second paragraph
 below must be used. Cross out the paragraph below which is not used.**

(1) At least thirty days have ~~passed~~ **X** passed between the date of the individual's
 signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72
 hours after the date of the individual's signature on this consent form because of the
 following circumstances **(check applicable box below and fill in information
 requested.)**

A Premature delivery date: ____ / ____ / ____ Individual's expected date
Mo Day Yr
 of delivery: ____ / ____ / ____ (Must be 30 days from date of patient's signature).
Mo Day Yr

B Emergency abdominal surgery; describe circumstances: _____
Enter name of the emergency surgery _____

Signature of Physician performing surgery Date: ____ / ____ / ____
Mo Day Yr





Physician's Statement

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon
Name of the Client _____ on

(Name of individual to be sterilized)

Mon Day / Year (Date of Sterilization), I explained to him/her the nature of the
Mo Day Yr

sterilization operation **Name of Procedure** _____,
(Name of procedure)

the fact that it is intended to be final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

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(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances **(check applicable box below and fill in information requested.)**


A Premature delivery date: ____ / ____ / ____ Individual's expected date
Mo Day Yr

of delivery: ____ / ____ / ____ (Must be 30 days from date of patient's signature).
Mo Day Yr

B Emergency abdominal surgery; describe circumstances: _____


Signature of the Physician

The physician who verified consent and who actually performed the operation must sign here.

Make sure  the signature stays on the line.

Date of Signature

Physician must sign on or after the date of the operation.

Make sure the date does not go into the margin of the form. 

Physician's Signature _____ Date: **07 / 24 / 11**
Signature of Physician performing surgery Mo Day Yr





How to Obtain Form PM 330

You can obtain the **Sterilization Consent Forms PM 330** (English on one side, Spanish on the other) by:

- Downloading forms from the Medi-Cal website. Go to medi-cal.ca.gov>References>Forms
- Calling the Telephone Service Center (TSC) at 1-800-541-5555.

Providers must supply their NPI number when ordering the forms.





How to Obtain Form PM 330

When you call, be prepared to provide the following information:

Date of request

Name of document:

(Sterilization Consent Form, PM 330)

Registered provider name associated with the NPI

Shipping address (PO Boxes not accepted)

Quantity of forms requested

Contact person and phone number





Concluding Notes

- Fill out an evaluation form for this training. Click the link on the webpage, print, complete and email to:
familypact@cfhc.org
or fax to: 213-368-4428

- Have questions?
Contact Family PACT at:
1-877-FAM-PACT
or fampact@cdph.ca.gov

