

Consent for IUC (Intrauterine Contraception) Removal

When you sign this consent form, it means that:

- ◆ You are asking to have your intrauterine contraception (IUC) taken out.
- ◆ Your Family PACT provider has told you what will happen before, during, and after this procedure.

Directions: Read each statement carefully. If you agree with the statements, sign your name on the line on the next page.

- ◆ I have been told how the IUC will be taken out and what I may need to do ahead of time.
- ◆ I have been told that there may be some discomfort and bleeding while the medical provider takes the IUC out of my uterus.

- ◆ I have been told that once the IUC is taken out, I could become pregnant right away. I have been told that if I don't want to become pregnant:
 - ◆ I can have a new IUC put in, or
 - ◆ I can choose a new method of birth control today.
- ◆ My Family PACT provider explained to me that if I am pregnant at the time my IUC is taken out, there is a chance that taking it out might cause a miscarriage.
- ◆ My Family PACT provider has answered all my questions.

Based on the information given to me, I have freely chosen to have my provider take the

_____ IUC out at this time.

(Name of IUC)

Signed: _____

Date: _____