

**GUIDELINES FOR COMPLETING
CONSENT FOR STERILIZATION FORM**
HHS-687 (05/10) or (10/12)

Providers: Complete all fields unless indicated as optional. The Consent for Sterilization Form is posted at MolinaHealthcare.com/OhioProviders under the “Forms” tab.

Consent to Sterilization

1. Doctor or Clinic – Name of physician or clinic providing the patient with the form
2. Specify Type of Operation – List the name of the surgical procedure to be performed (e.g. tubal ligation, Essure®, bilateral partial salpingectomy (BPS), tubal occlusion, vasectomy, etc.).
 - a. Must match the other “Specify Type of Operation” fields in the document:
 - 1) Under the Consent to Sterilization section, and
 - 2) Under the Statement of Person Obtaining Consent section.
3. Date – Patient’s date of birth
4. “I, _____, hereby consent...” – Patient’s first and last name
5. Doctor or Clinic – Name of physician who will be performing the surgical procedure
6. Specify Type of Operation – List the name of the surgical procedure to be performed (e.g. tubal ligation, Essure®, BPS, tubal occlusion, vasectomy, etc.).
 - a. Must match the other “Specify Type of Operation” fields in the document:
 - 1) Also under the Consent to Sterilization section, and
 - 2) Under the Statement of Person Obtaining Consent section.
7. Signature – Patient’s signature
 - a. The signature must be handwritten in ink and not a signature stamp or computer generated (electronic) signature.
8. Date – Date patient signed consent form
 - a. The signature date must be the same date as the Signature of Person Obtaining Consent in the Statement of Person Obtaining Consent section).
 - b. The date must be handwritten in ink and not stamped or typed.
 - c. The procedure cannot be performed until a full 30 days after this date and must be performed within 180 days of this date.
9. *Optional:* Ethnicity and Race Designation – Patient may check the box indicating his or her race and ethnicity.

Interpreters Statement (Optional)

10. *Optional:* “I have also read him/her the consent form in _____ language” – The interpreter defines the language used in the interpretation.
11. *Optional:* Interpreter’s Signature – The interpreter signs his or her name.
12. *Optional:* Date – The interpreter enters the date he or she read the statement to the patient.

Statement of Person Obtaining Consent

12. Name of Individual – Patient's first and last name
13. Specify Type of Operation – List the name of the surgical procedure to be performed (e.g. tubal ligation, Essure®, BPS, tubal occlusion, vasectomy, etc.).
 - a. Must match the two other Specify Type of Operation fields under the Consent to Sterilization section.
14. Signature of Person Obtaining Consent – Signature is required from the person providing sterilization counseling and obtaining the consent.
 - a. This may be, but is not required to be, the physician performing the procedure.
 - b. The signature must be handwritten in ink and not a signature stamp or computer generated (electronic) signature.
15. Date – The date of the person obtaining consent's signature must be the same date as the patient's signature date under the Consent to Sterilization section.
 - a. The date must be handwritten in ink and not stamped or typed.
16. Facility – The facility indicates the place where the patient was given sterilization counseling, and is not necessarily the facility where the procedure was performed.
 - a. The facility name may be pre-stamped or typed.
17. Address – The complete facility address where the counseling was performed is required, including the physical street address, city, state, and ZIP code.

Physician's Statement

18. Name of Individual – Patient's first and last name
19. Date of Sterilization – Date the surgical procedure was performed
20. Specify Type of Operation – List the surgical procedure that was actually performed (e.g. tubal ligation, Essure®, BPS, tubal occlusion, vasectomy, etc.).
 - a. It does not have to match the other three Specify Type of Operation fields.
21. Instructions for use of alternative final paragraph – Select either Paragraph 1 or 2 by *crossing out* the paragraph which is not used, per the instructions.
 - a. If Paragraph 2 is selected, one of the following boxes must be checked:
 - 1) Premature delivery – indicate the expected date of delivery
 - 2) Emergency abdominal surgery – describe circumstances
 - b. Remember, an individual may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery, if at least 72 hours have passed since he or she gave informed consent for the sterilization. In the case of premature delivery, the informed consent must have been given at least a full 30 days before the expected date of delivery.
22. Physician's Signature – Must be the physician who is performing or performed the surgery.
 - a. The signature must be handwritten in ink and not a signature stamp or computer generated (electronic) signature.

23. Date – Date the physician signs

- a. The date must be handwritten in ink and not stamped or typed.

Note: The member's first and last name must match Molina Healthcare's records for the consent form to be approved. If the member's name does not match our records, please advise the member to update his or her name with his or her County Department of Job and Family Services (CDJFS) caseworker.