I am voluntarily seeking reproductive health services from (**insert AGENCY name**).

I understand that these services may include:

* Reproductive health counseling on birth control, getting pregnant, healthy pregnancies, and other subjects as needed;
* Providing a birth control method;
* A provider visit for a prescription and maybe a physical exam;
* Testing and/or treatment for sexually transmitted infections (STIs);
* Testing for cervical cancer, pregnancy and/or other health problems; and
* Referrals to other services, if needed.

I understand that all services will be explained and I can ask questions.

I understand I may be given information about birth control methods. I can ask questions and refuse any birth control method I do not want to use.

I understand that I won’t be refused care if I owe money from other visits.

I understand these services do not include 24-hour care, and in case of a medical emergency, I will need to go to an emergency room and pay its costs.

I understand that the services I receive and my medical records are private, except:

* If a judge issues a subpoena for my records. (**insert AGENCY name**) is required by law to give the records to the court.
* If I have reportable disease, (**insert AGENCY name**) will be required to report it to Oregon State Public Health.
* If (**insert AGENCY name**) staff learns of physical and/or sexual abuse of a person under 18 years old, they must report it to social services or law enforcement agencies.
* I understand I may choose not to talk about sensitive information, such as the age(s) of sex partner(s), and that I will still get services.

I understand that if I get reproductive health services here, I can still apply for or get services from other programs. If I get care from other programs, I can still get services at (**insert AGENCY name**).

I, (print my name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the above information, and consent to receive reproductive health services from (**insert AGENCY name**).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature Date Witness**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Interpreter Signature Date**