

## INFORMED CONSENT FORM FOR EMERGENCY CONTRACEPTION

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

ID# \_\_\_\_\_ Telephone \_\_\_\_\_

Before giving your consent, be sure you understand both the pros and cons of using Emergency Contraceptive Pills (ECPs). If you have any questions, we will be happy to discuss them. You can change your mind at any time before taking this medicine. Remember, your consent is completely voluntary.

### INSTRUCTIONS TO THE PATIENT

Please initial each statement if you have read, understand, and agree with the statement. **DO NOT SIGN** the form until the clinician is with you and can witness your signature.

### INFORMED CONSENT

\_\_\_\_\_ I understand that ECPs contain a combination of hormones that act to prevent pregnancy. These pills are taken after having unprotected vaginal sex (sex without birth control). They are to be used as an emergency treatment only and not as a routine method of contraception.

\_\_\_\_\_ I understand that ECPs are regular birth control pills taken differently. I understand that the US Food and Drug Administration has stated that use of certain birth control pills is safe and effective for emergency contraception.

\_\_\_\_\_ I understand the ECPS may work by preventing or delaying the release of an egg from the ovary, preventing fertilization, or causing changes in the lining of the uterus that may prevent implantation of a fertilized egg. I understand that if I am already pregnant ECPs will not stop the pregnancy.

\_\_\_\_\_ I understand that the medication should be started as soon as convenient after unprotected sex and should be started within 3 days (72 hours) of that sex.

\_\_\_\_\_ I understand that ECPs are not 100 percent effective.

\_\_\_\_\_ I understand that available data suggest that there is not risk to the fetus if the treatment fails but that little research has been done on the issue.

\_\_\_\_\_ I understand that some reactions to the pills may include:

- Nausea and vomiting
- Fatigue
- Dizziness
- Breast tenderness
- Early or late menstrual period

\_\_\_\_\_ I understand that I should return to the clinic or do a home pregnancy test if my period has not started within 3 weeks after the treatment.