

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES**SUBJECT:** REFERRAL FOR PREGNANCY TERMINATION**POLICY NO.** 253

PURPOSE:: To govern referral for termination of pregnancy.**POLICY::** Except as otherwise prescribed by law, the following policy will govern referral for pregnancy termination:

1. Except as stated in (2) below, all employees of the Department of Health Services shall refer patients to:
 - a. Licensed physicians. Referrals to physicians must conform to the Department's Conflict-of-Interest Policy. Any licensed physician requesting referrals shall be included in the list of names maintained by the Region. Where possible, three names shall be provided.
 - b. Medical professional organizations.
 - c. Other voluntary professional organizations.
2. When a patient who is already a County patient has special needs or requires special services, a County physician may refer such patient to a specific licensed physician.

GUIDE:: Referrals to physicians or to medical professional organizations, for example, County Medical Societies and similar groups, require no prior approval by the Director.

Other voluntary agencies must be approved by the Director. Requests for such approval should be submitted over the signature of a Regional Deputy or a Hospital Deputy.

CROSS REFERENCE:: Conflict of Interest, Policy No. 741

EFFECTIVE DATE: Apr 01, 1981**SUPERCEDES:****APPROVED:** Signature on File