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Consent for Services – English

CONSENT FOR FAMILY PLANNING SERVICES

- 1. I am voluntarily requesting family planning services from the New Mexico Department of Health, Public Health Office. I understand that I have the right to accept or refuse these services without being denied other services from this agency.
2. I understand that my services and records will be kept confidential and will be released only as permitted or required by law and that my health information will not be released to an outside agency or person except as specified in "Notice of Privacy Practices" which I have received a copy of.
3. I understand that in cases of abuse or neglect of minors by parent(s)/guardian(s)/custodian(s) a referral or a report to law enforcement and CYFD will be filed, as required by law.
4. I understand that if my parent(s)/guardian(s)/custodian(s) have failed to protect me from a harmful situation including if my partner is considerably older than me (otherwise known as statutory rape), a referral or a report to CYFD or law enforcement will be filed, as required by law. I understand that I am under no obligation to report the age of my partner(s) if I do not wish to do so.
5. I understand that if I am seen in the clinic and I receive Family Planning services and supplies I may be charged from a sliding fee scale. I will be responsible for these charges if they apply.

Client's Signature: _____ Date: _____

FAMILY INVOLVEMENT AND COERCION SCREENING IN SERVICES FOR MINOR-AGE CLIENTS (under 18 years old)

For Nurse/Clinician Use Only:

- I have discussed the limitations of confidentiality with this client, including that we have to report to CYFD if we know or have a reasonable suspicion that he/she is being abused or neglected by the parent/guardian/custodian. I explained that a failure to protect from a harmful situation by a parent/guardian/custodian will also need to be reported to CYFD, possibly including statutory rape. The client was informed that he/she is under no legal obligation to report the age of their partner(s). (1-855-333-7233) (Staff may use the confidentiality materials).
I have discussed that we encourage family involvement if we find a condition/situation that can harm her/his health and she/he needs help with this.
I have screened this client regarding coercion and/or counseled how to resist attempts of being coerced into sexual activities. (Staff may use the sexual coercion brochure.)

Nurse/Clinician Signature _____ Title _____ Date _____

The nurse has encouraged me to involve my parent(s)/family in my counseling and decision to receive family planning services. I have considered this and have decided that:

- The clinic nurse or doctor may answer any inquiries from my parent(s)/legal guardian about my family planning services.
I do not want my parent(s) /legal guardian to know about my family planning services.

The plan for contacting me is: (list 2 ways to contact you below.)

Address other than home _____

Phone # _____ Alternate Phone # _____

Only contact me at School _____ Current Grade _____

Signature of Minor Client _____ Date of Birth & Age _____ Date _____

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CONSENTIMIENTO PARA SERVICIOS DE PLANIFICACION FAMILIAR

- 1. Yo estoy solicitando voluntariamente servicios de planificación familiar del Departamento de Salud de Nuevo México, Oficina de Salud Pública. Entiendo que tengo el derecho de aceptar o rechazar estos servicios sin ser negado cualquier otro servicio ofrecido por esta agencia.
2. Yo entiendo que mis servicios y archivos serán mantenidos confidencialmente y serán publicados solamente lo permitido o requerido por ley y que mi información de salud no será publicada a ninguna agencia o persona externa como lo especifica la "Notificación de Prácticas de Privacidad" de la cual he recibido una copia.
3. Yo entiendo que en casos de abuso o negligencia a menores por padre(s)/guardián(es)/custodio(s), una referencia o un informe a las autoridades de la ley y CYFD serán archivadas, como lo requiere la ley.
4. Yo entiendo que si mi(s) padre(s)/guardián(es)/custodio(s) han fallado en protegerme de cualquier situación peligrosa, incluyendo si mi pareja es considerada mayor que yo (conocido como violación estatutaria) una referencia o un informe a las autoridades de la CYFD o ley serán archivadas, como lo requiere la ley. Entiendo que no tengo obligación legal de reportar la edad de mi(s) pareja(s) si no lo deseo.
5. Yo entiendo que si voy a la clínica y recibo los servicios y materiales de Planificación Familiar podría tener que pagar de acuerdo a la escala de tarifas. Seré responsable de dichos cargos, si aplican.

Firma de Cliente: _____ Fecha: _____

FAMILY INVOLVEMENT AND COERCION SCREENING IN SERVICES FOR MINOR-AGE CLIENTS (under 18 years old)

For Nurse/Clinician Use Only:

I have discussed the limitations of confidentiality with this client, including that we have to report to CYFD if we know or have a reasonable suspicion that he/she is being abused or neglected by the parent/guardian/custodian. I explained that a failure to protect from a harmful situation by a parent/guardian/custodian will also need to be reported to CYFD, possibly including statutory rape. The client was informed that he/she is under no legal obligation to report the age of their partner(s). (1-855-333- 7233) (Staff may use the confidentiality materials).

I have discussed that we encourage family involvement if we find a condition/situation that can harm her/his health and she/he needs help with this.

I have screened this client regarding coercion and/or counseled how to resist attempts of being coerced into sexual activities. (Staff may use the sexual coercion brochure.)

Nurse/Clinician Signature _____ Title _____ Date _____

El personal de enfermería me ha alentado a que envuelva a mi(s) padre(s)/familia en mi consejería y en mi decisión de recibir servicios de planificación familiar. Yo he considerado esto y he decidido:

El personal clínico puede contestar cualquier pregunta de mi(s) padre(s)/guardián legal acerca de mis servicios de planificación familiar.

Yo no quiero que mi(s) padre(s)/ guardián legal sepa acerca de mis servicios de planificación familiar.

El plan para comunicarse conmigo: (enumere dos formas en que podamos contactarle.)

Dirección adicional al domicilio _____

de Teléfono _____ # de Teléfono Alterno _____

Comuníquense conmigo solo en la Escuela: _____ Grado _____

Firma de la Cliente _____ Fecha de nacimiento (edad) _____ Fecha _____