

## Kansas 24 Hour Informed Consent

- Bring this document with you to your appointment printed on WHITE PAPER
- Please read and initial each section and sign your name at the bottom.
- DO NOT mail to Comprehensive Health or Planned Parenthood.

To comply with Kansas Law effective July 1, 1998 (amended July 1, 2009; July 1, 2011; July 1, 2013; July 1, 2017), you must receive this Informed Consent at least 24 hours prior to your procedure. The State-written materials referenced within this form are available to you online and at Comprehensive Health of Planned Parenthood Great Plains.

\_\_\_\_ 1. Estimated Gestation of Pregnancy: Until you have a sonogram to determine how far along the pregnancy is, the best way to estimate the gestation is by the date of your last normal menstrual period.

If you believe your last normal menstrual period started:	Then you are probably about:	If you believe your last normal menstrual period started:	Then you are probably about:
4 weeks ago	4 weeks pregnant	14 weeks ago	14 weeks pregnant
5 weeks ago	5 weeks pregnant	15 weeks ago	15 weeks pregnant
6 weeks ago	6 weeks pregnant	16 weeks ago	16 weeks pregnant
7 weeks ago	7 weeks pregnant	17 weeks ago	17 weeks pregnant
8 weeks ago	8 weeks pregnant	18 weeks ago	18 weeks pregnant
9 weeks ago	9 weeks pregnant	19 weeks ago	19 weeks pregnant
10 weeks ago	10 weeks pregnant	20 weeks ago	20 weeks pregnant
11 weeks ago	11 weeks pregnant	21 weeks ago	21 weeks pregnant
12 weeks ago	12 weeks pregnant	22 weeks ago	22 weeks pregnant
13 weeks ago	13 weeks pregnant		

The final determination will be made by the doctor upon ultrasound examination. If you are between 4 - 12 weeks, the common procedure is Vacuum Aspiration. Medication Abortion is available for pregnancy termination between 4 - 11 weeks. If you are between 13 - 21.6 weeks the most common procedure is Dilation and Evacuation.

\_\_\_\_ 2. Types of Abortion Procedures:

First Trimester (4-12 wks) Vacuum Aspiration – This abortion procedure begins with a local anesthetic given to numb the cervix. The cervix is then widened using dilators, which are tapered rods that gradually increase in size. The physician inserts a small tube (cannula), which is attached to an aspiration device. The device's suction empties the contents of the uterus through the tube. The physician may check the walls of the uterus with a curette. The entire procedure

takes less than 10 minutes. Sensations will vary, but they are mostly described as cramping or discomfort, which generally subsides within a few minutes after the procedure is over.

Early Nonsurgical/Medication Abortion (4-11 weeks or up to 70 days) – While in the clinic, a drug, Mifepristone, is given to stop the development of the pregnancy. One to two days later, at home, a second drug (Misoprostol) is taken, causing the uterus to contract and expel the embryo and placenta. During this process cramping and bleeding will occur.

Second Trimester (13-21.6 wks) Dilation and Evacuation – During the initial appointment, the osmotic dilators are inserted into the patient's cervix to begin the process of slow and gentle dilation of the cervix. The abortion procedure occurs several hours later, or in some cases one or two days later and involves removal of the pregnancy with forceps. A suction instrument is used to clean the uterus, and a curette is used to check the uterine walls. Patients are then monitored in recovery for at least 2 hours following the procedure.

Complications of Abortion – Possible complications include: blood clots accumulating in the uterus, requiring another suction procedure; infections, most of which are easily identified and treated if the woman carefully observes follow-up instructions; a tear in the cervix, which may be repaired with stitches; perforation of the wall of the uterus and/or other organs, which may heal themselves or may require surgical repair or, rarely, hysterectomy; and abortion that is not complete or that does not end the pregnancy may require the procedure to be repeated; excessive bleeding due to failure of the uterus to contract, which may require a blood transfusion; death. In the second trimester, risks increase with every week of gestation.

\_\_\_3. Risks with terminating a pregnancy vs. carrying a pregnancy to term: There is approximately 1 death for every 167,000 women who have legal abortions and these rare deaths are usually of adverse reactions to anesthesia, heart attacks, or uncontrollable bleeding. The death rate for a woman carrying to term is about 10 times greater.

\_\_\_4. Your blood type will be determined the day of your appointment. Approximately 15% of the population is Rh-negative. All Rh-negative women will receive an injection of Rhogam to prevent problems with future pregnancies such as miscarriage, severe fetal anemia or permanent fetal damage. The cost of the Rhogam is \$100-\$225 depending upon fetal age.

\_\_\_5. State-written materials are available in printed form and online which list agencies which offer alternatives to abortion with a special section listing adoption services and providers of free ultrasound services, provide detailed information on the availability of assistance for prenatal care, childbirth, perinatal, and neonatal care, and contain additional State-mandated information. A link to the State written materials is available on the Comprehensive Health of Planned Parenthood homepage, as required by law. The information stated there does not necessarily reflect current medical opinion or that of Comprehensive Health.

\_\_\_6. Alternatives to abortion include parenting, foster care and adoption. For information about perinatal resources in Kansas, visit [www.kdheks.gov/cf/maternal.html](http://www.kdheks.gov/cf/maternal.html) or contact the Kansas Department of Health and Environment's Perinatal Health Consultant at (785) 296-1307. For information about national perinatal resources, visit the National Perinatal Association at [www.nationalperinatal.org](http://www.nationalperinatal.org) and Bright Futures at [www.brightfutures.org](http://www.brightfutures.org).

\_\_\_7. You are free to withhold or withdraw your consent to the abortion procedure at any time prior to the dilation of the cervix during a surgical abortion or at any time prior to the

administration of the first medication during a nonsurgical abortion. Consent may be withheld or withdrawn without affecting your right to future care or treatment and without the loss of any state or federally funded benefits to which you might otherwise be entitled.

\_\_\_8. Provider information by Comprehensive Health location is below. The United States Supreme Court recently struck down a Texas law requiring doctors providing abortion to have admitting privileges at a hospital within 30 miles, concluding there was no evidence it advanced women's health and that abortion is a safe procedure with low rates of serious complications.

<p>Physician's Name: Orrin Moore, M.D.</p> <p>Year M.D. Completed: 1976</p> <p>Date physician's employment commenced at Comprehensive Health: 7/6/2004</p> <p>Kansas State Board of Healing Arts Disciplinary Actions concerning Physician:</p> <p>NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Clinical privileges at hospital within thirty miles of Comprehensive Health of Overland Park? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Resident of Kansas: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p>	<p>Physician's Name: Irene Bettinger, MD.</p> <p>Year M.D. Completed: 1966</p> <p>Date physician's employment commenced at Comprehensive Health: 03/01/2017</p> <p>Kansas State Board of Healing Arts Disciplinary Actions concerning Physician:</p> <p>NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Clinical privileges at hospital within thirty miles of Comprehensive Health?</p> <p>NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>
<p>Physician's Name: Iman Alsaden, M.D.</p> <p>Year M.D. Completed: 2014</p> <p>Date physician's employment commenced at Comprehensive Health: 1/7/19</p> <p>Kansas State Board of Healing Arts Disciplinary Actions concerning Physician:</p> <p>NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Clinical privileges at hospital within thirty miles of Comprehensive Health of Overland Park: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>	<p>Physician's Name: Elizabeth Daily, M.D. Year</p> <p>M.D. Completed: 2013</p> <p>Date physician's employment commenced at Comprehensive Health: 1/14/19</p> <p>Kansas State Board of Healing Arts Disciplinary Actions concerning Physician:</p> <p>NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Clinical privileges at hospital within thirty miles of Comprehensive Health of Overland Park:</p> <p>NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Resident of Kansas: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p>
<p>Physician's Name: Joshua Yap, M.D.</p> <p>Year M.D. Completed: 2019</p> <p>Date physician's employment commenced at Comprehensive Health: 8/26/19</p> <p>Kansas State Board of Healing Arts Disciplinary Actions concerning Physician:</p> <p>NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Clinical privileges at hospital within thirty</p>	<p>Physician's Name: Hayley Marcus, M.D.</p> <p>Year M.D. Completed: 2014</p> <p>Date physician's employment commenced at Comprehensive Health: 05/11/2020</p> <p>Kansas State Board of Healing Arts Disciplinary Actions concerning Physician:</p> <p>NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Clinical privileges at hospital within thirty miles of Comprehensive Health of Overland Park:</p>

<p>miles of Comprehensive Health of Overland Park: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>	<p>NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>
<p>Physician's Name: Ruth Lehman- Wiens, M.D.</p> <p>Year M.D. Completed: 2017</p> <p>Date physician's employment commenced at Comprehensive Health: 1/11/2020</p> <p>Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Clinical privileges at hospital within thirty miles of Comprehensive Health of Overland Park: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Resident of Kansas: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p>	<p>Physician's Name: Autumn Davidson, M.D.</p> <p>Year M.D. Completed: 2008</p> <p>Date physician's employment commenced at Comprehensive Health: 8/20/2020</p> <p>Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Clinical privileges at hospital within thirty miles of Comprehensive Health of Overland Park: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>
<p>Physician's Name: Mansi Shah, M.D.</p> <p>Year M.D. Completed: 2016</p> <p>Date physician's employment commenced at Comprehensive Health: 12/28/2020</p> <p>Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Clinical privileges at hospital within thirty miles of Comprehensive Health of Overland Park: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>	<p>Physician's Name: Rebecca Committo, M.D.</p> <p>Year M.D. Completed: 2017</p> <p>Date physician's employment commenced at Comprehensive Health: 03/17/2021</p> <p>Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Clinical privileges at hospital within thirty miles of Comprehensive Health of Overland Park: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>
<p>Physician's Name: Sarah Spurgeon, M.D.</p> <p>Year M.D. Completed: 2018</p> <p>Date physician's employment commenced at Comprehensive Health: 12/2/2021</p> <p>Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Clinical privileges at hospital within thirty miles of Comprehensive Health of</p>	<p>Physician's Name: Geeth Kavya Minama Reddy, MD</p> <p>Year M.D. Completed: 2018</p> <p>Date physician's employment commenced at Comprehensive Health: 9/7/2021</p> <p>Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Clinical privileges at hospital within thirty miles of Comprehensive Health of Overland Park: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Resident of</p>

Overland Park: NO ✓ YES <input type="checkbox"/> Hospital privileges lost: NO ✓ YES <input type="checkbox"/> Resident of Kansas: NO ✓ YES <input type="checkbox"/>	Kansas: NO ✓ YES <input type="checkbox"/>
Physician's Name: Lisa Netherland, M.D.  Year M.D. Completed: 2013 Date physician's employment commenced at Comprehensive Health: 01/11/2022 Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO ✓ YES <input type="checkbox"/> Malpractice insurance: NO <input type="checkbox"/> YES ✓ Clinical privileges at hospital within thirty miles of Comprehensive Health of Overland Park: NO ✓ YES <input type="checkbox"/> Hospital privileges lost: NO ✓ YES <input type="checkbox"/> Resident of Kansas: NO ✓ YES <input type="checkbox"/>	Physician's Name: Erika Reese, M.D.  Year M.D. Completed: 2019 Date physician's employment commenced at Comprehensive Health: 02/14/2022 Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO ✓ YES <input type="checkbox"/> Malpractice insurance: NO <input type="checkbox"/> YES ✓ Clinical privileges at hospital within thirty miles of Comprehensive Health of Overland Park: NO ✓ YES <input type="checkbox"/> Hospital privileges lost: NO ✓ YES <input type="checkbox"/> Resident of Kansas: NO ✓ YES <input type="checkbox"/>
Physician's Name: Leslie Dunmire, M.D.  Year M.D. Completed: 2020 Date physician's employment commenced at Comprehensive Health: 8/22/21 Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO ✓ YES <input type="checkbox"/> Malpractice insurance: NO <input type="checkbox"/> YES ✓ Clinical privileges at hospital within thirty miles of Comprehensive Health of Overland Park: NO ✓ YES <input type="checkbox"/> Hospital privileges lost: NO ✓ YES <input type="checkbox"/> Resident of Kansas: NO <input type="checkbox"/> YES ✓	Physician's Name: Erin Ahart M.D.  Year M.D. Completed: 2020 Date physician's employment commenced at Comprehensive Health: 8/22/21 Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO ✓ YES <input type="checkbox"/> Malpractice insurance: NO <input type="checkbox"/> YES ✓ Clinical privileges at hospital within thirty miles of Comprehensive Health of Overland Park: NO ✓ YES <input type="checkbox"/> Hospital privileges lost: NO ✓ YES <input type="checkbox"/> Resident of Kansas: NO ✓ YES <input type="checkbox"/>

\_\_\_\_\_9. I received this information at least twenty-four (24) hours prior to my procedure.

Patient's Signature

Date

Time (Must be at least 24 hrs before your appointment)

Print this document ON WHITE PAPER

If you are under 18, you must click here.