**Policy and Procedure Template**

<table>
<thead>
<tr>
<th>Policy Name:</th>
<th>Personnel Training: Informed Consent and Human Sterilization Consent</th>
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<tbody>
<tr>
<td>Effective Date:</td>
<td>Revision Date:</td>
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<td>Department(s)/Site(s):</td>
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<td>Document Owners:</td>
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<td>Approved By:</td>
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<tr>
<td>Relevant Law/Standard:</td>
<td>California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.)</td>
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<td>Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review</td>
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</tbody>
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**Policy:**
Site personnel receive training and/or information on member rights that include informed consent and human sterilization consent.

**Procedure:**
1. Written Member Rights should be available at the office site. Staff should be able to locate the written Member Rights list and explain how to use the information.
2. Staff trainings regarding member rights may be part of office staff education documented in:
   - Informal or formal in-services
   - New staff orientation
   - External training courses
3. Topics included in the training must include:
   a. Informed Consent for Human Sterilization

Patients shall be informed about any proposed treatment or procedure that includes medically significant risks, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment. Documentation of this discussion and the signed consent shall be written and included in the member's medical record.

*Note: patient rights incorporate the requirements of the Joint Commission on Accreditation of Healthcare Organizations, Title 22, California Code of Regulations, Section 70707 and Medicare Conditions of Participation.*

Requirements include and are not limited to:

- Conducted by physician or physician designee
- Offered booklet published by the DHCS and copy of consent form must be given to the member.
- Provided answers to any question the member may have.
- Inform the member may withdraw or withhold consent to procedure at any time before the sterilization.
- Describe fully the available alternatives of family planning and birth control.
- Advise that the sterilization procedure is considered irreversible.
- Explain fully the description of discomforts and risks and benefits of the procedure.
Utilize the PM330 sterilization consent form. Forms may be ordered directly from the DHCS by placing a request to:

Department of Health Care Services Warehouse
1037 North Market Blvd, Suite 9
Sacramento, Ca 95834
Fax: 916-928-1326

Consent Form PM 330: Consent to Sterilization may be downloaded here:
https://files.medi-cal.ca.gov/pubsdoco/forms/PM-330_Eng-SP.pdf

An explanation of Consent Form PM 330 may be found here:
http://files.medi-cal.ca.gov/pubsdoco/forms/PM-330_example.pdf

_______________________________________________________________   _________________
First Name Last Name – Title                   Date

_______________________________________________________________   _________________
First Name Last Name – Title                   Date

The material in this document is a knowledge-sharing tool provided by the FSR team to enhance compliance with Facility Site Review requirements. All content is for informational purposes and may be used and/or modified according to site-specific practices. Ensure appropriate review and approval by site management prior to adoption.
CONSENT FORM
PM 330

STATEMENT OF PERSON OBTAINING CONSENT

Before __________________________, signed the consent form, I explained to him/her the nature of the sterilization operation __________________________, the fact that it is intended to be a final and irreversible procedure and the discomfor, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

Signature of person obtaining consent
Date: / / 

Name of facility where patient was counseled

Address of facility where patient was counseled
City State Zip Code

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon __________________________, I explained to him/her the nature of the sterilization operation __________________________, the fact that it is intended to be a final and irreversible procedure and the discomfor, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

Instructions for use of Alternative Final Paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery when the sterilization is performed less than 30 days after the date of the individual's signature on the consent form because of the following circumstances (check applicable box below and fill in information requested)

A Premature delivery date: / / Individual's expected date of delivery / / (Must be 30 days from date of patient's signature).

B Emergency abdominal surgery; describe circumstances: ____________________________________________________

Signature of Physician performing surgery
Date: / / 

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized, I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in the language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Signature of Interpreter
Date: / / 

5/1/2020
FSR-A_II G2_PP_Personnel Training – Informed Consent & Human Sterilization
JH-SFHP