

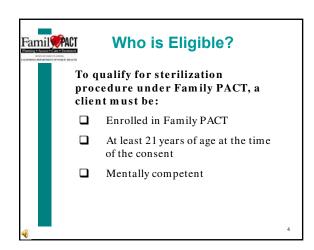


Sterilization

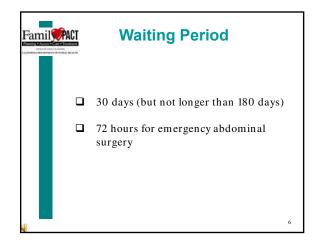
Sterilization is a medical procedure or operation causing an individual to be unable to have children.

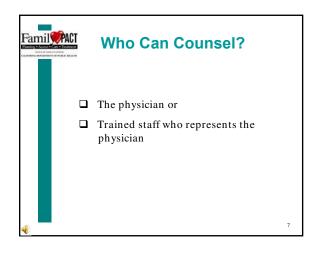
Sterilization is permanent and irreversible.

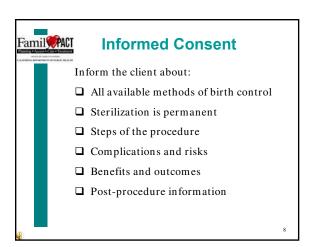
- ☐ In women, sterilization blocks or cuts the fallopian tubes (Tubal Ligation or Hysteroscopic Sterilization)
- ☐ In men, sterilization blocks or cuts the vas deferens (Vasectomy)

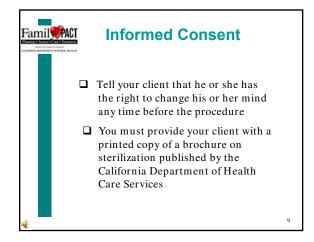


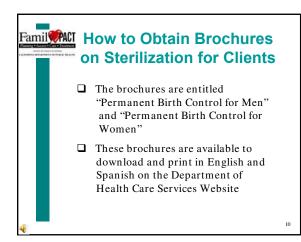
Far	nil	PACT	Wŀ	nat is Mentally Competent?
			qu	be mentally competent (fit or alified), a person must have the mental ility to give "informed consent."
				The client can only give consent if mentally able to understand the reason for, the final outcome of, and the complications involved in the sterilization process
				The consent is voluntary











Famil How to Obtain Brochures on Sterilization for Clients

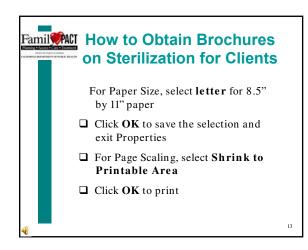
- ☐ Go to www.dhcs.ca.gov and type "Permanent Birth Control" in the search box
- ☐ Choose the link ending in /Pages/PermanentBirthControl.aspx
- lacksquare Choose the brochure you would like to print

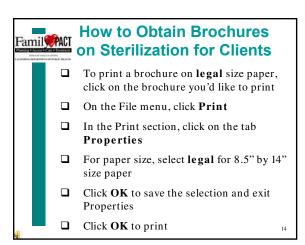
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Famil How to Obtain Brochures on Sterilization for Clients

- ☐ You can print the 2 page brochure on letter size or legal size paper
- ☐ To print a brochure on **letter size** paper, click on one of the links and open the brochure PDF file
- On the File menu, click Print
- ☐ In the Print section, click on the tab **Properties**









Medi-Cal Regulations for Sterilization

Medi-Cal regulations do **NOT** permit obtaining consent for sterilization from a person who is seeking to have an abortion.

- ☐ This does NOT mean that the two procedures cannot be done at the same time. If your client consents to be sterilized, then later wishes to have an abortion, both procedures can be done at the same time
- ☐ An elective abortion does not qualify as an emergency abdominal surgery and the sterilization procedure would require the 30-day waiting period

16



PM 330 Form Tips

- ☐ Avoid any writing in the margins of the form
- ☐ Ensure that procedure name is consistent throughout
- ☐ Ensure that the client's name is consistent throughout
- ☐ Ensure that the client's date of birth is consistent in both the PM 330 and the claim form

Errors may result in your claim being denied.

17



PM 330 Form Tips

- The client's signature on the PM 330 must match the name on the client's HAP card and the claim form
- ☐ Make sure that the handwriting is consistent in any given section of the form
- ☐ Keep all signatures within the line provided with no writing in the margins

Errors may result in your claim being denied.



PM 330 Form Tips

- Only the PM 330 form will be accepted. Claims will be denied if any other forms are used. The PM 284 is no longer valid
- A clear, readable copy of the signed PM 330 must be attached to the claim
- A copy of the signed consent form must be given to the client

Errors may result in your claim being denied.

19



Famil Four Sections of PM 330

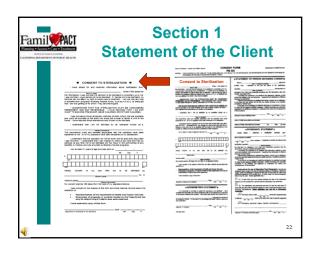
- 1. Statement of Client Consent to Sterilization
- 2. Statement of Interpreter
- 3. Statement of Counselor Obtaining Consent
- 4. Statement of Physician Performing Procedure

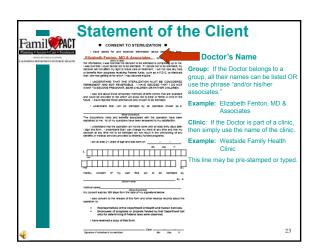
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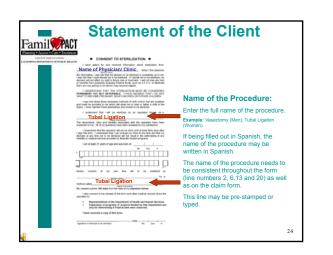


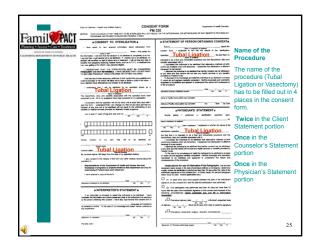
Consent Form PM 330

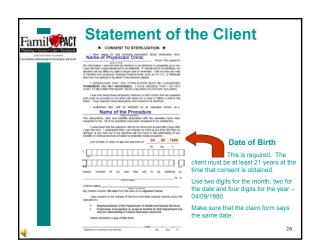
■ CONSENT TO STERILIZATION ■	STATEMENT OF PERSON OBTAINING CONSENTS
I have soled for and received information about sterilization from	Balan Specific
the information is one discoverage of the property of the prop	STATEMENT OF COUNSELOR
	repeated to be defined and appears to understand the nature and consequence of the procedure.
I understand that I set the stortland by an occurry froom as a	Special of parties of parties of the parties of the parties of Faults of Faults of the parties of Faults of the parties of the
	Manual of Facility when pattern and convenient — On — State — On Conte
Lunderstand that the operation of your cook until attend thinly days often i sign this form. Lunderstand that I you have you more at any time and that my decision of any time and to be cook of your equal in the withholding of any sensets or medical sension program increasing funded programs.	■ PHYSICIAN'S STATEMENT ■ Shortly before I performed a standardise operation upon
The state of the s	The Day to past consensus, I explained to himber the nature of the
	Section of request to the first and section of the
NAMES AND ADDRESS OF THE PART OF THE ADDRESS OF	control are supplied to the processor of explained that shellcatter is different termined it is personal. I effect the first termined the resignation of the processor can be withdrawn.
Somme by a	of any time and that hershe will not helpful will not be abuilt a provided to Federal family.
I now consent to the neeses of this form and other medical records about the identifier to: Representatives of the Department of Realth and Russen Dentices. Representatives of President laws about by their Department but only for determining if President laws are observed.	Chairsonitons for use of Albertaine Final Pleaguages. Lot Appearance of the Commission of the Commission Conference of consequence of the Commission Conference of the Commission Commissio
I have received a copy of this tore.	$(3)\ Al$ least Birty days have passed between the date of the individual signature on this consecution and the date the decisions use performed.
Signature of advector's desidential	(2) The controller was performed tens than 30 days but more than 7 hours, after the date of the individual's separative on this consent term because of the following observations: (check applicable loss liefow and fill is adversation researched).
STAL OF REAL PRETER	A Promises soles size:
MATE.	Spekke of Physical parkning copiny (MW / / / Mo - Day - II

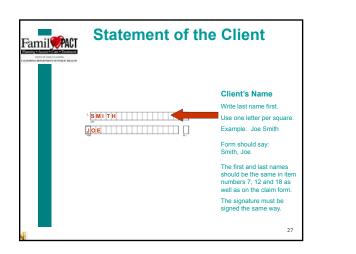


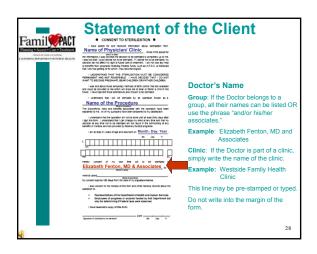


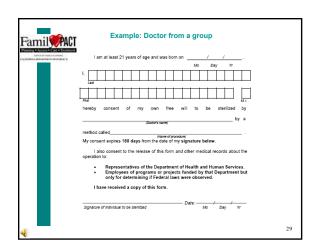


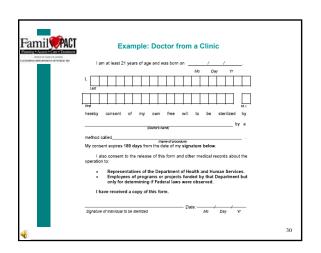


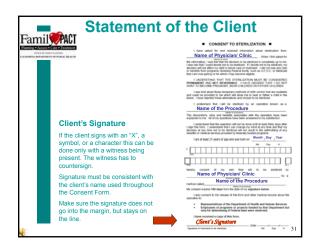


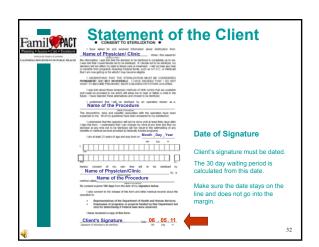


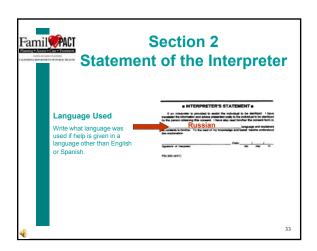


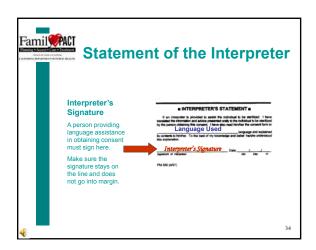


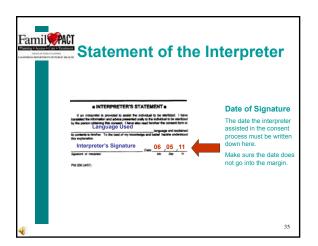




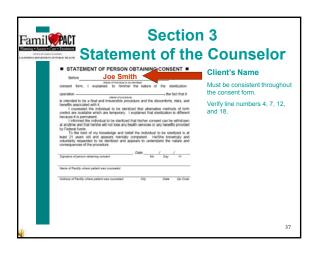


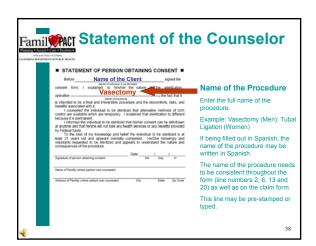


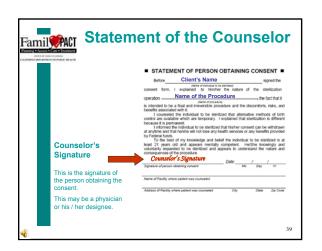


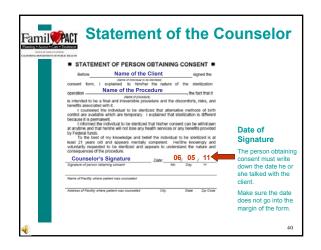


Fan	nil	PAC	Statement of Interpreter	
			fore signing the statement, the	
		m	terpreter must:	
			Translate/interpret the information given verbally by the counselor to obtain consent	
			Read the consent form to the client in the language that the client understands	
			Ask the client if he or she understood the process of informed consent and clarify any concerns that the client may have	
():				36



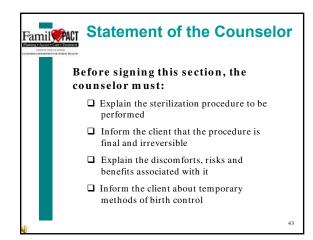


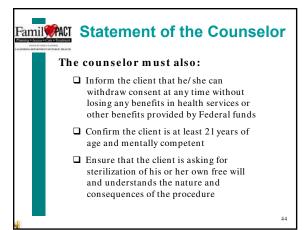


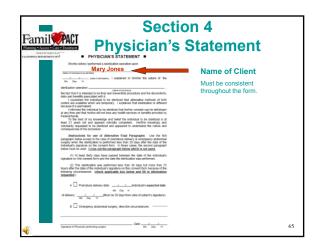


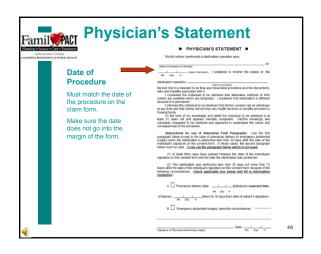
	■ STATEMENT OF PERSON OBTAINING CONSENT			
	STATEMENT OF PERSON OBTAINING CONSENT Before Name of the Client signed			
	consent form. I explained to himber the nature of the sterilizat			
	operation Name of the Procedure the fact that			
Name of Facility	is intended to be a final and inversible procedure and the disconfinate, finish procedured association with it. It is not consistent to be sterificiate that attenuishe methods of control and analisate within any temporary. I evaluated that sterification is diffi- ciently and the sterification of the sterificated that institute consent can be written any temporary that the sterification of the sterification of the sterification of the any temporary that the sterification of the sterification of the sterification of the type of the sterification			
	least 21 years old and appears mentally competent. He/She knowingly voluntarily requested to be sterlized and appears to understand the nature consequences of the procedure.			
	Counselor's Signature Date Month , Day Year			
Example: Westside Family Health Clinic	Signature of person obtaining concent Mo Day Yr Westside Family Health Clinic Name of Facility where patient was counseled			
May be pre-stamped or typed	name or racinty innere pasent near counteres			
Make sure the name does not	Asstrace of Facility where patient was counseled City State Zip			
	Name of Facility Write down the name of the facility where you counseled the client. Example: Westside Family Health Clinic May be pre-stamped or typed. Make sure the name does not go into the margin of the form.			

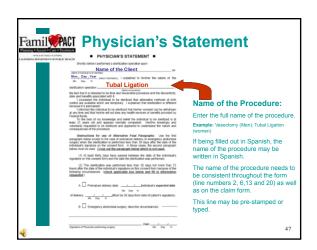
Statement of the	Counselor
STATEMENT OF PERSON OBTAINING CONSENT	
Before Name of the Client signed the	
operation Name of the Procedure the fact that it is intended to be a final and interversible procedure and the discomforts, risks, and benefits associated with it.	Address of the Facility
contests appointed with IL. Southern appointed with IL. Southern appointed with IL. Inclined the southern appointed the control and admittable in different because it is permanent. I informed the windshall to be sterilized that histher consent can be withdrawn and the southern and the southern and the services or any leventile provided by Federal stands. To the best of my knowledge and best the middlessal be be settleded as a load of a year of the settleded and settleded the southern and the settleded and settleded the middlessal be settleded as load of all years of any southern and settleded the middlessal be settleded as load of a year of the settleded and settleded the middlessal be settleded as load of a year of the settleded and settleded the middlessal be settleded as load of the settleded and settleded and settleded the settleded and settleded the settleded and settleded the settleded and settleded an	Write down the complete mailing address of the facility where the client was counseled. Make sure to include the street address, city, state
Counselor's Signature Oeler Month / Day / Year Signature of person obtaining consent Name of the Facility	and zip code. It may be pre-stamped or typed.
Name of Facility where patient rea counseled 1234 Main Street, Anytown, CA 95000 Address of Facility where patent was nounteeled City State Zip Cose	Make sure the address (including the zip code) stays on the line and does not go into the margin of the form.

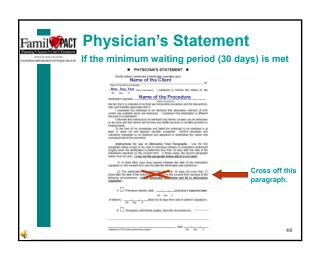


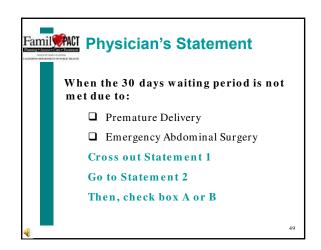








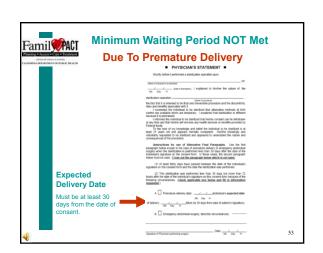


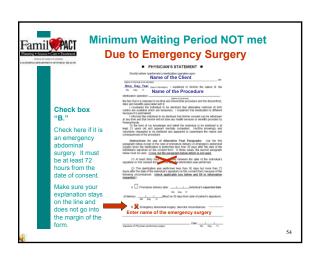


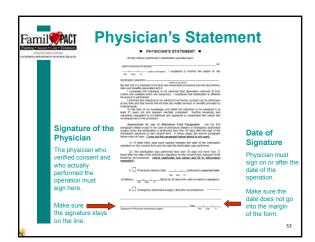














How to Obtain Form PM 330

You can obtain the **Sterilization Consent Forms PM 330** (English on one side, Spanish on the other) by:

- Downloading forms from the Medi-Cal website. Go to medi-cal.ca.gov>References>Forms
- Calling the Telephone Service Center (TSC) at 1-800-541-5555.

Providers must supply their NPI number when ordering the forms.

56



How to Obtain Form PM 330

When you call, be prepared to provide the following information:

Date of request

Name of document:

(Sterilization Consent Form, PM 330) Registered provider name associated with the NPI Shipping address (PO Boxes not accepted) Quantity of forms requested Contact person and phone number

