



**Family PACT**  
 Planning • Access • Care • Treatment  
 OFFICE OF FAMILY PLANNING  
 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

**Tutorial on Sterilization Form  
 PM 330**

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**Tutorial for Form PM 330**

This tutorial includes:

- Definition of Sterilization
- Eligibility for Sterilization
- Steps of Informed Consent

The contents of this tutorial are adapted from the Medi-Cal Manual (Part 2, 1-23).

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**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)

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## Who is Eligible?

To qualify for sterilization procedure under Family PACT, a client must be:

- Enrolled in Family PACT
- At least 21 years of age at the time of the consent
- Mentally competent

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## What is Mentally Competent?

To be mentally competent (fit or qualified), a person must have the mental ability 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

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## Waiting Period

- 30 days (but not longer than 180 days)
- 72 hours for emergency abdominal surgery

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## Who Can Counsel?

- The physician or
- Trained staff who represents the physician

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## Informed Consent

Inform the client about:

- All available methods of birth control
- Sterilization is permanent
- Steps of the procedure
- Complications and risks
- Benefits and outcomes
- Post-procedure information

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## Informed Consent

- Tell your client that he or she has the right to change his or her mind any time before the procedure
- You must provide your client with a printed copy of a brochure on sterilization published by the California Department of Health Care Services

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## How to Obtain Brochures on Sterilization for Clients

- The brochures are entitled “Permanent Birth Control for Men” and “Permanent Birth Control for Women”
- These brochures are available to download and print in English and Spanish on the Department of Health Care Services Website

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## How to Obtain Brochures on Sterilization for Clients

- Go to [www.dhcs.ca.gov](http://www.dhcs.ca.gov) and type “Permanent Birth Control” in the search box
- Choose the link ending in /Pages/PermanentBirthControl.aspx
- Choose the brochure you would like to print

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## 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**

12

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## How to Obtain Brochures on Sterilization for Clients

For Paper Size, select **letter** for 8.5” by 11” paper

- Click **OK** to save the selection and exit Properties
- For Page Scaling, select **Shrink to Printable Area**
- Click **OK** to print

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## How to Obtain Brochures on Sterilization for Clients

- To print a brochure on **legal** size paper, click on the brochure you’d like to print
- On the File menu, click **Print**
- In the Print section, click on the tab **Properties**
- For paper size, select **legal** for 8.5” by 14” size paper
- Click **OK** to save the selection and exit Properties
- Click **OK** to print

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## Who Cannot Give Consent?

Your client cannot give consent to a sterilization procedure if:

- He or she has been drinking alcohol or using drugs
- She is in labor or had childbirth in the last 24 hours
- She is thinking about or had an abortion in the last 24 hours

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## 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

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## 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.

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## 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.

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## 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.

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## 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

**STATEMENT OF CLIENT**

**STATEMENT OF PERSON OBTAINING CONSENT**

**STATEMENT OF COUNSELOR**

**PHYSICIAN'S STATEMENT**

**STATEMENT OF PHYSICIAN**

**INTERPRETER'S STATEMENT**

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## Statement of the Interpreter

**Interpreter's Signature**

A person providing language assistance in obtaining consent must sign here.

Make sure the signature stays on the line and does not go into margin.

**INTERPRETER'S STATEMENT**

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

Interpreter's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Interpreter Date Mo Day Yr

PH 330 (4/97)

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## Statement of the Interpreter

**INTERPRETER'S STATEMENT**

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

Interpreter's Signature \_\_\_\_\_ Date: **06\_05\_11**

Signature of Interpreter Date Mo Day Yr

PH 330 (4/97)

**Date of Signature**

The date the interpreter assisted in the consent process must be written down here.

Make sure the date does not go into the margin.

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## Statement of Interpreter

**Before signing the statement, the interpreter 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

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## Statement of the Counselor

**Before signing this section, the counselor must:**

- Explain the sterilization procedure to be performed
- Inform the client that the procedure is final and irreversible
- Explain the discomforts, risks and benefits associated with it
- Inform the client about temporary methods of birth control

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## Statement of the Counselor

**The counselor must also:**

- Inform the client that he/she can withdraw consent at any time without losing any benefits in health services or other benefits provided by Federal funds
- Confirm the client is at least 21 years of age and mentally competent
- Ensure that the client is asking for sterilization of his or her own free will and understands the nature and consequences of the procedure

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## Section 4 Physician's Statement

**PHYSICIAN'S STATEMENT**

Identify patient (performed a sterilization operation)  
**Mary Jones** ← **Name of Client**  
 Must be consistent throughout the form.

Identify physician (performed):  
 I, \_\_\_\_\_, M.D. (name of physician), explained to the patient the nature of the sterilization operation.

**Instructions for use of Alternative Final Paragraphs:** Use the first description unless stated 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. In those cases, the second paragraph below must be used. **Circle out the paragraph below which is not used.**

(1) At least thirty days have passed between the date of the individual's signature on the consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours 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):

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

Emergency abdominal surgery, describe circumstances: \_\_\_\_\_

Signature of Physician performing surgery: \_\_\_\_\_ Date: \_\_\_\_\_ Day: \_\_\_\_\_

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## Physician's Statement

When the 30 days waiting period is not met due to:

- Premature Delivery
- Emergency Abdominal Surgery

Cross out Statement 1  
 Go to Statement 2  
 Then, check box A or B

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## Minimum Waiting Period NOT Met Due To Premature Delivery

PHYSICIAN'S STATEMENT

Shortly before performing a distribution operation upon  
Name of the Client  
Mon. Day, Year (date of delivery), I explained to her/him the nature of the  
 distribution operation. Name of the Procedure  
 the fact that it is intended to be final and irreversible procedure and the discomforts,  
 risks and possible complications which it entails.

I explained to the individual to be identified that alternative methods of birth  
 control are available which are temporary. I explained that distribution is different  
 informed the individual to be identified that neither consent can be withdrawn  
 at any time and that failure will not cover any health services or benefits provided by  
 FamilPACT.

To the best of my knowledge and belief the individual to be identified is at  
 least 21 years old and capable of making a rational, free choice and is fully  
 and voluntarily represented to be identified and appeared to understand the nature and  
 consequences of the procedure.

**Instructions for use of Alternative Final Paragraphs:** Use the first  
 paragraph before except in the case of premature delivery or emergency abdominal  
 surgery when the distribution is performed less than 30 days after the date of the  
 individual's signature on the consent form. In those cases, the second paragraph  
 below must be used. **Circle out the appropriate section which is not used.**

(1) At least thirty days ~~before~~ after the date of the individual's  
 signature on the consent form, this notification was performed.

(2) This notification was performed less than 30 days but more than 72  
 hours after the date of the individual's signature on this consent form because of the  
 following circumstances: **Check applicable box below and fill in information  
 requested.**

Premature delivery date: \_\_\_\_\_ individual's expected date  
 of delivery: \_\_\_\_\_ (Must be 30 days from date of patient's signature).

Emergency abdominal surgery, describe circumstances: \_\_\_\_\_

Signature of Physician performing surgery: \_\_\_\_\_ Date: \_\_\_\_\_ of \_\_\_\_\_ '\_\_\_\_

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Cross off this paragraph.

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## Minimum Waiting Period NOT Met Due To Premature Delivery

PHYSICIAN'S STATEMENT

Shortly before performing a distribution operation upon  
Name of the Client  
Mon. Day, Year (date of delivery), I explained to her/him the nature of the  
 distribution operation. Name of the Procedure  
 the fact that it is intended to be final and irreversible procedure and the discomforts,  
 risks and possible complications which it entails.

I explained to the individual to be identified that alternative methods of birth  
 control are available which are temporary. I explained that distribution is different  
 informed the individual to be identified that neither consent can be withdrawn  
 at any time and that failure will not cover any health services or benefits provided by  
 FamilPACT.

To the best of my knowledge and belief the individual to be identified is at  
 least 21 years old and capable of making a rational, free choice and is fully  
 and voluntarily represented to be identified and appeared to understand the nature and  
 consequences of the procedure.

**Instructions for use of Alternative Final Paragraphs:** Use the first  
 paragraph before except in the case of premature delivery or emergency abdominal  
 surgery when the distribution is performed less than 30 days after the date of the  
 individual's signature on the consent form. In those cases, the second paragraph  
 below must be used. **Circle out the appropriate section which is not used.**

(1) At least thirty days ~~before~~ after the date of the individual's  
 signature on the consent form, this notification was performed.

(2) This notification was performed less than 30 days but more than 72  
 hours after the date of the individual's signature on this consent form because of the  
 following circumstances: **Check applicable box below and fill in information  
 requested.**

Premature delivery date: \_\_\_\_\_ individual's expected date  
 of delivery: \_\_\_\_\_ (Must be 30 days from date of patient's signature).

Emergency abdominal surgery, describe circumstances: \_\_\_\_\_

Signature of Physician performing surgery: \_\_\_\_\_ Date: \_\_\_\_\_ of \_\_\_\_\_ '\_\_\_\_

51

Check box  
 "A."  
 Check here if  
 it is premature  
 delivery.

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## Physician's Statement

**Signature of the Physician**

The physician who verified consent and who actually performed the operation must sign here.

Make sure the signature stays on the line.

**PHYSICIAN'S STATEMENT**

Shortly before performing a sterilization operation upon \_\_\_\_\_

I explained to the patient the nature of the sterilization operation \_\_\_\_\_

the fact that it is intended to be final and irreversible procedure and the dangers, risks and possible complications thereof.

I explained to the patient that permanent implants or other devices are available which are temporary. I explained that sterilization is different from a vasectomy.

I advised the individual no method of birth control can be withdrawn at any time and the failure will not be a "safe" service or remedy provided to FamilyPACT.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and of sound mental competence. I advise, verbally and in writing, that the individual is not being sterilized for any purpose other than the individual's own best interest and appeared to understand the nature and consequences of the procedure.

I advised the individual of the availability of Abortion, Post-Partum, and the fact that the individual is not being sterilized for any purpose other than the individual's own best interest and appeared to understand the nature and consequences of the procedure.

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box below and fill in information requested):

Emergent delivery date \_\_\_\_\_ Individual's expected date of delivery \_\_\_\_\_ (Must be 30 days from date of patient's signature)

Emergency abnormal surgery, describe circumstances: \_\_\_\_\_

Signature of Physician performing surgery \_\_\_\_\_ Date: \_\_\_\_\_

**Date of Signature**

Physician must sign on or after the date of the operation.

Make sure the date does not go into the margin of the form.

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## 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](http://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.

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## 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

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## Concluding Notes

- Fill out an evaluation form for this training. Click the link on the webpage, print, complete and email to:  
[familypact@cfhc.org](mailto:familypact@cfhc.org)  
or fax to: 213-368-4428
- Have questions?  
Contact Family PACT at:  
1-877-FAM-PACT  
or [fampact@cdph.ca.gov](mailto:fampact@cdph.ca.gov)

58

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