

Figure: 22 TAC §163.11

**DISCLOSURE AND CONSENT FORM
ABORTION AND RELATED PROCEDURES PERFORMED
ON AN UNEMANICIPATED MINOR**

This Form is available for downloading on the Texas Medical Board website at www.tmb.state.tx.us.

Unemancipated Minor is a patient who is under 18 years old, unmarried, and has not had the disabilities of minority removed by court order.

PATIENT NAME: _____ **DATE OF BIRTH:** _____ **AGE:** _____

NOTICE: When performing an abortion on an unemancipated minor a physician must obtain informed consent as required Chapter 33 of the Texas Family Code and Chapter 171 of the Texas Health and Safety Code.

This consent must be written consent obtained from one of the patient's parents, legal guardian, or managing conservator before we can perform an abortion on an unemancipated minor.

This consent is not required if the unemancipated minor has a court order waiving the parental consent requirement (a "judicial bypass order").

REQUIRED DISCLOSURES AND SPECIFIC CONSENT

The patient's parent, legal guardian, or managing conservator must initial each page only after the physician performing the abortion provides information and answers all questions about the procedure and consent. This Form must also be signed by a witness present during the disclosure and consent process.

This process should be done in the presence of the unemancipated minor to ensure full understanding of the procedure in addition to the individual consenting.

Initials of parent, guardian, or conservator

DISCLOSURES

1. The physician performing the procedures is _____.

2. I have been told specifically:

- (1) the probable gestational age of the fetus;
- (2) the medical risks associated with carrying the child to term;

- (3) medical assistance benefits may be available for prenatal care, childbirth, and neonatal care;
- (4) the father is liable for assistance in the support of the child without regard to whether the father has offered to pay for the abortion;
- (5) public and private agencies provide pregnancy prevention counseling and media referrals for obtaining pregnancy medications or devices, including emergency contraception for victims of rape or incest; and
- (6) the woman has the right to review the printed materials provided by the Department of State Health Services.

3. The following list is not meant to scare the patient, but to give her and her parent, legal guardian, or managing conservator adequate information to be used in making their decisions to have the physician perform the particular procedures listed and the **Risks and Hazards** of the procedure.

The patient and consenting individual must initial the following blanks indicating their understanding of the information.

General Risks with any Surgical Procedure:

- (A) Potential for infection.
- (B) Blood clots in veins and lungs.
- (C) Hemorrhage.
- (D) Allergic reactions.
- (E) Death.

Initials of Parent,
Guardian, or Conservator

Patient Initials

Surgical Abortion Procedures:

_____ Dilation and Curettage (D&C)

_____ Dilation and Evacuation (D&E)

_____ Manual Vacuum Aspiration

_____ Machine Vacuum Aspiration

Risks with Surgical Abortion Procedures:

- (A) Hemorrhage (heavy bleeding).
- (B) A hole in the uterus (uterine perforation) or other damage to the uterus.
- (C) Sterility.
- (D) Injury to the bowel and/or bladder.

- (E) A possible hysterectomy as a result of complication or injury during the procedure.
- (F) Failure to remove all products of conception that may result in an additional procedure.

Medical Abortion Procedures:

_____Methotrexate

_____Misoprostol

Risks with Medical Abortion Procedures:

- (A) Hemorrhage (heavy bleeding)
- (B) Failure to remove all products of conception that may result in an additional procedure.
- (C) Sterility.
- (D) Possible continuation of pregnancy.

Initials of parent,
guardian, or conservator

Patient initials

Risks with any Abortion Procedure:

- (A) Cramping of the uterus or pelvic pain.
- (B) Infection of the female organs: uterus, tubes, and ovaries.
- (C) Cervical laceration, incompetent cervix.
- (D) Emergency treatment for any of the above-named complications.
- (E) Other as written:

Initials of parent,
guardian, or conservator

Patient Initials

Specific Consent and Acknowledgement

Each line must be initialed by the patient and the individual consenting:

_____, _____ I understand that the physician listed above is going to perform an abortion on me, which will end my pregnancy and will result in the death of the fetus.

_____, _____ I am not being forced by anyone including the consenting individual to have this abortion and have the choice on whether to have this procedure.

_____, _____ I give my permission to this doctor and such other associates, technical assistants, and other health providers as the doctor thinks is needed to perform the abortion on me using the surgical and medical procedures checked above.

_____, _____ I understand that my physician may discover other or different conditions that require additional or different procedures than those planned.

_____, _____ I give my permission to my physician and such associates, technical assistants and other health care providers to perform such other procedures that are advisable in their professional judgment.

_____, _____ I **do** **do not give my permission for the use of blood** and blood products as deemed necessary.

_____, _____ I understand that my doctor cannot make any promise regarding the end results of the abortion or my care.

_____, _____ I understand that there are risks and hazards that could affect me if I have the surgical or medical procedures checked above.

_____, _____ I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risk of nontreatment, the procedures to be used, and the risks and hazards involved.

_____, _____ I understand that information about abortion that is included in the law as the Woman's Right to Know Act has been made available to me as required by §171.001, *et seq.*, Texas Health and Safety Code, specifically the "Women's Right to Know Informational Brochure" and the "Women's Right to Know Resource Directory."

PATIENT ACKNOWLEDGEMENT: This Form has been fully explained to me. I have read it or have had it read to me, the blank spaces have been filled in, and I understand what it says.

Printed Name of Patient

Signature of Patient

Date

CONSENTING PARTY ATTESTATION:

I state and affirm that I am the patient's:

Father Mother Legal Guardian Managing Conservator

By my signature below, I give permission for _____ (print the name of the patient), who is an unemancipated female, to have the surgical or medical procedure set out above.

Printed Name of Parent, Legal Guardian,
or Managing Conservator

Signature of Parent, Legal Guardian,
or Managing Conservator

Date

Physician Declaration:

I and/or my assistant have explained the procedure and the contents of this Form to the patient and her parent, legal guardian, or managing conservator as required and have answered all questions. To the best of my knowledge, the patient and her parent, legal guardian, or managing conservator have been adequately informed and have consented to the above-described procedure.

Signature of Physician

Date

Authentication of Parent, Legal Guardian, or Managing Conservator.

The signature of the parent, legal guardian, or managing conservator must be authenticated. This means that the parent, legal guardian, or managing conservator must sign this Form in front of

(1) a person who is a notary public; or

(2) a person, other than the physician or their assistant, who was present at the time the procedure and the contents of this Form were explained to the patient and her parent, legal guardian, or managing conservator.

The signing in front of a notary public can occur at any time and at any place prior to the procedure. The signed and initialed form with the notary statement then can be brought to the physician's office or clinic by the patient.

These signing requirements do not require the parent, legal guardian, or managing conservator to be present with the patient at the time of the actual procedure.

To be completed by the notary public who notarizes the signing by the parent, legal guardian, or managing conservator, above:

State of Texas §
County of _____ §

This instrument was acknowledged before me on the _____ day of _____, A.D., 20____ by _____ (print name).

(SEAL)

Notary Public, State of Texas
My commission expires: _____

To be completed by the individual who was present when the physician or their assistant explained the Form and its content the parent, legal guardian, or managing conservator, listed above:

Name: _____

Position: _____

I witnessed the physician, or their assistant fully explain this form and all its content to the parent, legal guardian, or managing conservator of the patient who signed this Form.

Signature: _____

Date: _____