

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AB0028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2019
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NAME OF PROVIDER OR SUPPLIER A WOMAN'S CHOICE OF RALEIGH, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3305 DRAKE CIRCLE RALEIGH, NC 27607
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E 137

.0305(A) Medical Records

10A NCAC 14E .0305 MEDICAL RECORDS
(a) A complete and permanent record shall be maintained for all patients including:
(1) the date and time of admission and discharge;
(2) the patient's full and true name;
(3) the patient's address;
(4) the patient's date of birth;
(5) the patient's emergency contact information;
(6) the patient's diagnoses;
(7) the patient's duration of pregnancy;
(8) the patient's condition on admission and discharge;
(9) a voluntarily-signed consent for each surgery or procedure and signature of the physician performing the procedure witnessed by a family member, other patient representative, or facility staff member;
(10) the patient's history and physical examination including identification of pre-existing or current illnesses, drug sensitivities or other idiosyncrasies having a bearing on the procedure or anesthetic to be administered; and
(11) documentation that indicates all items listed in Rule .0304(d) of this Section were provided to the patient.

E 137

A Womans Choice of Raleigh updated their medical records on 3/15/2019 to ensure proper informed consent for a surgical and medical procedure is signed by the phycsian performing the surgical or medical procedure.

3/15/19

This Rule is not met as evidenced by:
Based on closed medical record reviews, staff interviews and physician interviews, facility staff failed to ensure a properly executed informed consent for a surgical abortion signed by the physician performing surgical abortion for 18 of 18 surgical abortions (SAB) medical records reviewed. (Medical Records #'s 1, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20).

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bretta Spence

TITLE

Clinic manager

(X6) DATE

5/8/2019

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E 137	<p>Continued From page 1</p> <p>The findings included:</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed there was no facility policy that addressed informed consent. Interview revealed their informed consent forms were changed and the signature line for the physician "must" have been left off. Interview revealed there was no place for a physician's signature on the consent form.</p> <p>1. Closed medical record review on 03/12/2019 of Patient #1 revealed a 14 year old patient had a SAB (surgical abortion) completed on 01/11/2019. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Review revealed that Patient #1 presented a school ID and certificate waiver of parental consent that was verified by clinic staff. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>2. Closed medical record review 03/12/2019 of Patient #3 revealed a 26 year old patient had a SAB completed on 01/03/2019. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness.</p>	E 137		

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E 137	<p>Continued From page 2</p> <p>Review revealed no signature line for the physician and no signature of the physician performing the procedure</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>3. Closed medical record review on 03/13/2019 of Patient #4 revealed a 21 year old patient that had a SAB completed on 03/11/2019. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>4. Closed medical record review on 03/12/2019 of medical record #5 revealed a 26 year old patient that had a SAB completed on 01/08/2019. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient</p>	E 137		

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E 137	<p>Continued From page 3</p> <p>and witness. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>5. Closed medical record review on 03/13/2019 of Patient #6 revealed a 30 year old patient that had a SAB completed on 01/12/2019. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>6. Closed medical record review on 03/13/2019 of Patient #8 revealed a 28 year old patient that had a SAB completed on 01/11/2019. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient</p>	E 137		

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E 137	<p>Continued From page 4</p> <p>and witness. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>7. Closed medical record review on 03/13/2019 of Patient # 9 revealed a 38 year old patient that had a SAB completed on 06/30/2018. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>8. Closed medical record review on 03/13/2019 of Patient #10 revealed a 25 year old patient that had a SAB completed on 12/28/2018. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient</p>	E 137		
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E 137	<p>Continued From page 5</p> <p>and witness. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>9. Closed medical record review on 03/13/2019 of Patient #11 revealed a 19 year old patient that had a SAB completed on 12/15/2018. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>10. Closed medical record review on 03/13/2019 of Patient #12 revealed an 18 year old patient that had a SAB completed on 12/02/2018. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient</p>	E 137		

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E 137	<p>Continued From page 6</p> <p>and witness. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>11. Closed medical record review on 03/13/2019 of patient #13 revealed a 26 year old patient that had a SAB completed on 12/27/2018. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>12. Closed medical record review on 03/13/2019 of Patient #14 revealed a 22 year old patient that had a SAB completed on 02/02/2019. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient</p>	E 137		
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E 137	<p>Continued From page 7</p> <p>and witness. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>13. Closed medical record review on 03/13/2019 of Patient #15 revealed a 32 year old patient that had a SAB completed on 02/09/2019. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>14. Closed medical record review 03/13/2019 of medical record #16 revealed a 32 year old patient that had a SAB completed on 02/23/2019. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient</p>	E 137		

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E 137	<p>Continued From page 8</p> <p>and witness. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>15. Closed medical record review on 03/13/2019 of Patient#17 revealed a 32 year old patient that had a SAB completed on 02/23/2019. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>16. Closed medical record review 03/13/2019 of Patient #18 revealed a 24 year old patient that had a SAB completed on 03/12/2019. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient</p>	E 137		

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E 137	<p>Continued From page 9</p> <p>and witness. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>17. Closed medical record review on 03/13/2019 of Patient #19 revealed a 34 year old patient that had a SAB completed on 01/24/2019. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p> <p>18. Closed medical record review on 03/13/2019 of Patient #20 revealed a 17 year old patient that had a SAB completed on 02/09/2019. Review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient</p>	E 137		

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E 137	<p>Continued From page 10</p> <p>and witness. Review revealed no signature line for the physician and no signature of the physician performing the procedure.</p> <p>Interview at 03/12/2019 at 1530 with the Clinic Manager revealed acknowledgement there was no physician signature on the consent form.</p> <p>Interview on 03/13/2019 at 1027 with Physician #1 revealed that "I don't recall a change in signing the consent. That can be easily fixed. I always do a PE (physical exam) and talk to patient ..." before the procedure.</p>	E 137		

CONSENT TO ULTRASOUND EXAMINATION

I request an abdominal ultrasound gestational dating examination by *A Woman's Choice of Raleigh, Inc.* The purpose of this exam is to verify and date a pregnancy. I understand that no further conclusions will be made based on the ultrasound performed here. The ultrasound performed today will not be used to identify gender, diagnose fetal anomalies, or rule out ectopic pregnancy. I am aware that I can elect to receive more extensive ultrasound examinations from providers outside of *A Woman's Choice of Raleigh, Inc.*, but it is my responsibility to find the provider and schedule the appointment if so desired. I have been informed that findings related to the ultrasound are subject to a plus/minus variation of 10 to 14 days. I understand that this examination is necessary to determine whether or not I am a candidate for pregnancy termination using Mifeprex and Misoprostol.

Patient Signature

Date

CONSENT FOR PREGNANCY TERMINATION USING MIFEPREX AND MISOPROSTOL

This consent is executed to me on the date indicated for the purpose of inducing the named physician to prescribe medications in order to terminate my pregnancy, which treatment is to be performed at *A Woman's Choice of Raleigh, Inc.* to permit the treatment prescribed, I hereby state the following:

My name is _____, I am _____ years of age, and I am of sound mind. I represent that my medical history is accurate, including medical conditions, use of medications, and use of any illicit drugs or alcohol. I understand withholding information regarding my medical history could be life threatening. I also understand that the physician(s) treating me are NOT RESPONSIBLE for complications resulting from information I withhold. I hereby consent to receiving treatment by the prescribing physician at *A Woman's Choice of Raleigh, Inc.*

The nature and purpose of the abortion, methods of treatment, alternative procedures which, in the opinion of my physician, might be appropriate and advantageous, the risks attendant to the treatment, the potential complications (incomplete, failure, infection, hemorrhage or death) and harmful side effects, and all other pertinent factors have been fully discussed and explained to me. I understand that the purpose of the treatment is to terminate my pregnancy and it is not always successful. In the event of an incomplete abortion, I understand that the treatment, in whole or in part, may be repeated or a surgical procedure may be required. This will be determined at the discretion of my physician.

I realize that terminating a pregnancy with the treatment regimen of Mifeprex and Misoprostol may have associated side effects and/or complications. I understand that, in most cases, complications can be treated at *A Woman's Choice of Raleigh, Inc.* at no additional charge to me. If further medical treatment outside of this facility is required, I understand that I am financially responsible for such treatment. I also understand that should the pregnancy continue despite the treatment, a surgical procedure can be done up to 20 weeks gestation at *A Woman's Choice of Raleigh, Inc.* A fee will be assessed for any pregnancy terminated surgically past 11 weeks gestation.

I understand that failure to return to *A Woman's Choice of Raleigh, Inc.* for any scheduled appointments relieves the physician (s) prescribing treatment, *A Woman's Choice of Raleigh, Inc.* and their associates and agents from any responsibility from medical problems or consequences that may arise from my noncompliance.

I understand that the method of pregnancy termination I have chosen may require up to two (2) additional visits. The appointments are scheduled as follows:

Appointment # 2 (Day 2 or 3) Date _____ Time _____ Waived _____

Appointment #2 (Day 14 or 21) Date _____ Time: _____

_____ I understand that that my schedule appointments are necessary. I agree to return to *A Woman's Choice of Raleigh* for the above scheduled date and time.

Patients Signature _____

Date _____

Counselor Signature _____

Date _____

MD Signature _____

For patients with Rh negative blood type only:

It is preferable that all non-sensitized Rh negative women be inoculated with an adequate dose of Rh immune globulin immediately following an induced abortion. It is the policy of *A Woman's Choice of Raleigh, Inc.* to administer this injection to all Rh negative patients

_____ I have received information concerning Rh negative blood and consent to the administration of Rh immune globulin.

_____ I decline the administration of Rh immune globulin injection. I fully understand the risk involved to my future pregnancies by refusing this injection.

Witness/RN Date

_____, MD

CONSENT TO ULTRASOUND EXAMINATION

I request an abdominal ultrasound gestational dating examination by *A Woman's Choice of Raleigh, Inc.*. The purpose of this exam is to verify and date a pregnancy. I understand that no further conclusions will be made based on the ultrasound performed here. The ultrasound performed today will not be used to identify gender, diagnose fetal anomalies, or rule out ectopic pregnancy. I am aware that I can elect to receive more extensive ultrasound examinations from providers outside of *A Woman's Choice of Raleigh, Inc.*, but it is my responsibility to find the provider and schedule the appointment if so desired. I have been informed that findings related to the ultrasound are subject to a plus/minus variation of 10 to 14 days.

Patient Signature

Date

CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY

This consent is executed to me on the date indicated for the purpose of inducing the named physician to perform a medical procedure and prescribe medications in order to terminate my pregnancy, which treatment is to be performed at *A Woman's Choice of Raleigh, Inc.* in Raleigh, NC. (The physician's name is located on the procedure form of this chart.) In order to induce the physician to perform the procedure and to further induce *A Woman's Choice of Raleigh, Inc.* to permit the procedure to be performed, I hereby state the following:

My name is _____, I am _____ years of age, and I am of sound mind. I represent that my medical history is accurate, including medical conditions, use of medications, and use of any illicit drugs or alcohol. I understand withholding information regarding my medical history could be life threatening. I also understand that the physician(s) treating me are NOT RESPONSIBLE for complications resulting from information I withhold. I hereby consent to my physician to terminate my pregnancy by elective abortion at *A Woman's Choice of Raleigh, Inc.*

The nature and purpose of the abortion, methods of treatment, alternative procedures which, in the opinion of my physician, might be appropriate and advantageous, the risks attendant to the treatment, the potential complications and harmful side effects, and all other pertinent factors have been fully discussed and explained to me.

I have received information and counseling regarding alternatives to abortion, the procedure to be performed, and currently available methods of birth control.

I realize that abortions by D&E (dilation and evacuation) occasionally have associated complications, and that I am financially responsible for any complications requiring further medical care. I understand that the complications associated with an abortion are generally less severe than those associated with childbirth. Nonetheless, I realize that there are risks of minor and major complications that may occur in this procedure as in any surgical procedure. I understand the possibility of the following complications, and that I may need to be hospitalized for the investigation and/or treatment of: 1) Perforation of the uterus – a hole in the uterus which may require hospitalization for major surgery that may include removal of the uterus; 2) Perforation of a major pelvic vessel – this would require immediate hospitalization; 3) Infection – which can require antibiotics or surgical treatment; 4) Excessive bleeding – which may require medication, transfusion, or surgery (including hysterectomy); 5) Incomplete termination of pregnancy – which may require a second operative procedure; 6) Pain and cramps – which may be severe; 7) Adverse reactions to medications or anesthesia; 8) Asherman's Syndrome – scar tissue in the uterus which may lead to infertility or may necessitate surgery; 9) Perforation of the bowel/bladder – a hole in the bowel/bladder which may require surgery to repair; 10) Death; 11) Medical problems – i.e. embolism, anemia, cardiac problems, depression, etc.

In the event that any of the aforementioned complications occur, or any complications occur after I leave the premises, I certify that I will immediately advise my physician at *A Woman's Choice of Raleigh, Inc.* so that remedial or follow-up advise, care, or treatment can be instituted.

I acknowledge that I have been informed about the necessity of a post-operative follow-up two to three weeks following the procedure. I have been advised to have this exam with *A Woman's Choice of Raleigh, Inc.*. If I choose to have this very important exam elsewhere, I promise to inform *A Woman's Choice of Raleigh, Inc.* of subsequent clearance by another physician of any post-operative problems or failure to return for my follow-up appointment relieves the operating physician, *A Woman's Choice of Raleigh, Inc.*, their associates, and agents from any responsibility for medical problems or consequences that could arise as a result of my failure to return to this office.

_____ Medications I receive from *A Woman's Choice of Raleigh, Inc.* may or may NOT come in a child-proof container. I understand that if I need a child-proof container, one may be obtained from any pharmacy.

_____ I have been advised not to drive myself from the facility after my procedure. I understand that I may receive medications that affect my ability to drive, operate machinery or decision making for 24 hours after discharge.

For patients with Rh negative blood type only:

It is preferable that all non-sensitized Rh negative women be inoculated with an adequate dose of Rh immune globulin immediately following an induced abortion. It is the policy of *A Woman's Choice of Raleigh, Inc.* to administer this injection to all Rh negative patients

_____ I have received information concerning Rh negative blood and consent to the administration of Rh immune globulin.

_____ I decline the administration of Rh immune globulin injection. I fully understand the risk involved to my future pregnancies by refusing this injection.

Patient Signature

Parent/Guardian Signature

Date

Witness

Date

_____, M.D.

COUNSELOR'S STATEMENT

_____ I have reviewed and given patient information on the following: "Counseling for Abortion", D&E Patient Counseling, "Post Abortion Instructions" and "Contraceptive Counseling".

_____ I have confirmed that patient is satisfied with her decision to terminate her pregnancy. Patient stated she understands D&E procedure as well as risks and complications associated with the procedure

_____ Patient has been adequately informed of the D&E procedure, her questions have been answered to the best of my ability, and the consent form has been signed.

_____ The patient remains that this decision is of her own free will.

Counselor's/RN

Date