

**FOR PATIENTS WHO RECEIVE STATE-MANDATED INFORMATION
PURSUANT TO ARS § 36-2153(A)(1)&(2)**

**Certification of Informed Consent of _____
(Patient's name)**

I certify that at least 24 hours before my abortion procedure; I accessed and reviewed materials relating to my abortion procedure online at the Camelback Family Planning website (*camelbackfamilyplanning.com*), by listening to information on a phone recording or video, or in person in the office.

I was provided with the following information:

- * Dr. Gabrielle Goodrick will perform my abortion.
- * The nature of the abortion Dr. Goodrick will perform.
- * The immediate and long-term medical risks associated with the abortion that I, as a reasonable person, consider material to the decision of whether or not to undergo the abortion.
- * The alternatives to the abortion that I, as a reasonable person, consider material to the decision of whether or not to undergo an abortion.
- * The probable gestation of the pregnancy in weeks at the time the abortion will be performed. I understand that based on the first day of my last menstrual period I am approximately _____ menstrual weeks pregnant.
- * The probable anatomical and physiological characteristics of the pregnancy at the time the abortion is to be performed.
- * The medical risks associated with carrying the child to term.
- * Medical assistance benefits may be available for prenatal care, childbirth and neonatal care.
- * The father of the pregnancy is liable to assist in support, even if he has offered to pay for the abortion.
- * Public and private agencies and services are available to assist me during my pregnancy and afterward if I choose not to have an abortion, whether I choose to keep the child or place the child for adoption.
- * It is unlawful for any person to coerce me to undergo an abortion.
- * I am free to withhold or withdraw my consent to the abortion at any time without affecting my right to future care or treatment and without the loss of any state or federally funded benefits to which I might otherwise be entitled.

When I accessed the information, I was given an adequate opportunity to ask questions by calling the healthcare professionals at Camelback Family Planning. To the extent that I had any questions, they were fully answered. I was also informed at the time I was given the information that I would be given an adequate opportunity to ask and have my questions answered when I came into the office for my appointment to have the abortion performed.

Patient's Signature

Patient Printed Name

Date

version1:12/2009