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*PROVIDER BULLETIN*

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**~ Informed Consent for Sterilization ~**  
Dept. of Health Care Services (DHCS) Requirements

- ✓ **DHCS Sterilization Booklet must be provided to the member.**
- ✓ There is documentation in the medical record that the booklet was provided. Booklets in English and Spanish available on-line at: <http://www.familypact.org/Resources/client-education-materials> (sample booklet attached).
- ✓ Patient is at least 21 years old at time of consent, **no exceptions.**
- ✓ An interpreter was provided if there was evidence that the patient did not understand the language and/or text of the informed consent process.
- ✓ Completed consent form (PM 330 form).
- ✓ Patient signed and dated the PM 330 form.
- ✓ Physician signed and dated the PM 330 form.
- ✓ Sterilization performed 30 days but not more than 180 days after the date informed consent was obtained.

Claims and referrals for sterilization services submitted without the signed PM330 and medical record documentation of booklet being given to member are considered incomplete and are returned to the provider to resubmit with DHCS required documentation.

**Informed Consent Individual Attestation**

I agree to meet all DHCS conditions for sterilization informed consent. I understand I am responsible for providing a DHCS sterilization booklet to the member and documenting this in the medical record. I am responsible to submit complete, signed PM330 forms with referrals and claims.

IPA/Medical Group Name: Preferred IPA of California

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Office Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Fax to 818-265-0801 Attn: Informed Consent Attestation.**

**If you have any questions, please contact Liza Johnson at 818-265-0800, x232.**