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*PROVIDER BULLETIN*

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**~ Informed Consent for Sterilization ~**

Dept. of Health Care Services (DHCS) Requirements

Medi-Cal and Covered CA members

- ✓ **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.familyact.org/Resources/client-education-materials>
- ✓ For *Medi-Cal*  Patient is at least 21 years old at time of consent, **no exceptions.**
- ✓ For *Covered CA*  Patient is at least 18 years old.
- ✓ 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 (*Medi-Cal-PM 330--Covered CA-PM 284*).
- ✓ Patient signed and dated the PM 284/330 form.
- ✓ Physician signed and dated the PM 284/330 form.
- ✓ Sterilization performed 30 days but not more than 180 days after the date informed consent was obtained (Covered CA members can waive the 30 day waiting period but must wait at least 72 hours).

Sterilization claims and referrals submitted without the signed PM284/330 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 must provide a sterilization booklet to the member and document this in the medical record. I will submit complete, signed PM284 and PM330 forms with claims.

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

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

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

**Fax to 818-265-0801      Attn: Liza Johnson**

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