

TENNCARE STERILIZATION CONSENT FORM INSTRUCTIONS

In accordance with [Title 42 Code of Federal Regulations \(CFR\) 50, Subpart B](#), sterilization procedures covered by TennCare require a completed consent form. The consent form can be downloaded here:

[Sterilization Consent Form \(English\)](#)

[Sterilization Consent Form \(Spanish\)](#)

ASH Forms FAQ

- Do NOT use the above form for hysterectomies; see the Hysterectomy Acknowledgement Form: [Hysterectomy Acknowledgment Form \(English\)](#)
[Hysterectomy Acknowledgment Form \(Spanish\)](#)
- Informed consent for sterilization is NOT required if the member has been previously sterilized as the result of a prior surgery, menopause, prior tubal ligation, pituitary or ovarian dysfunction, pelvic inflammatory disease, endometriosis or congenital sterility.
- Ensure all required fields are accurate and completed in accordance with the following instructions.
- For all fields requiring a date, any format may be used.
- Corrections may be made with a strikethrough the original text and the correction must be initialed with date. Corrections do not require a new 30-day waiting period.
 - Do NOT use white-out or any type of correction fluid/tape.

Coverage:

- Recipients must be at least 21 years of age when the Sterilization Consent Form is signed.
- The person who obtains the informed consent must provide orally all the requirements for the informed consent as listed on the consent form, must offer to answer any questions, and must provide a copy of the consent form to the recipient for consideration during the waiting period.
- Suitable arrangements must be made to ensure that the required information is effectively communicated to the recipient to be sterilized if he or she is blind, deaf, or has other special needs.
- The person providing sterilization counseling and obtaining the consent may be but is not required to be the physician performing the procedure.
- The consent form expires 180 calendar days from the date of the recipient's signature.
- There must be at least 30 calendar days between the date the recipient signs the consent form and the date of surgery, with the following exceptions:

Exceptions:

In the case of **premature delivery** or **emergency abdominal surgery**, the consent must have been signed at least 30 days before the estimated due date and there must be at least 72 hours between the date of consent and the date of delivery/surgery.

- **Emergency Abdominal Surgery (including Cesarean sections)** – Medical documentation such as operative reports detailing the need for emergency surgery (including Cesarean section) are required. If additional space is needed, include as an attachment.

CONSENT TO STERILIZATION REQUIRED FIELDS:

Listed below are field descriptions for the Sterilization Consent Form. Completion of all sections is required, with the following exceptions:

Exceptions:

- (1) **Race and Ethnicity Designation** is requested but not required.
- (2) **Interpreter's Statement** is required *if* an interpreter is utilized.

1 – Doctor or Clinic

If the provider is a physician group, all names may appear, the professional group name may be listed, or the phrase “and/or his/her associates” may be used. This line may be pre-stamped or typed. The physician named in 1 is not required to match 5 or 20; a recipient may receive information from one doctor/clinic and be sterilized by another.

2 – Specify Type of Operation

Indicate the type of operation. Abbreviations are not accepted. The “type of operation” may be described in terms the recipient uses to reflect understanding of the operation or medical terminology. The term used in this field is not required to match all other instances where the “Type of Operation” is required on the form. If completing the Consent Form in Spanish, the name of the procedure may be written in Spanish. This field may be pre-stamped or typed.

3 – Date (Recipient's Date of Birth)

The month, day, and year of recipient's birth may be in any format and must match the date of birth on the claim. The recipient must be at least 21 years of age at the time consent is obtained.

4 – Recipient's Name

The name may be hand-written or typed.

5 – Doctor or Clinic

The name of the doctor, affiliates, or associates is acceptable. The physician in 5 is NOT required to match 1 or 20. The field may be pre-stamped or typed. (A consent form is transferable to another doctor or clinic and does not require a new 30-day waiting period.)

6 – Specify Type of Operation

Indicate the type of operation. Abbreviations are not accepted. The “type of operation” may be described in terms the recipient uses to reflect understanding of the operation or medical terminology. The term used in this field is not required to match all other instances where the “Type of Operation” is required. The field may be pre-stamped or typed. If completing the Consent Form in Spanish, the name of the procedure may be written in Spanish.

7 – Recipient’s Signature

A signature is a sign or mark by the recipient on a document signifying knowledge, approval, acceptance and informed consent.

- If a mark, X, symbol/character, or a non-Arabic alphabet:
 - The mark, X, symbol/character must be signed and dated by one (1) witness.
 - There is no field on the form for a witness’ signature; therefore, it should appear near the recipient signature field.
 - The person obtaining the consent may not be the witness.
 - The date associated with the witness signature must match the date of recipient’s signature in field 8.

8 – Date (of Recipient’s Signature)

The month, day, and year may be in any format. The recipient must be at least 21 years old on the day the consent is being obtained. If the signature date is the recipient’s 21st birthday, it is acceptable.

At least 30 days, but no more than 180 days, must have passed between the date of the written informed consent and the date of sterilization expect in the case of premature delivery or emergency abdominal surgery. (See 18 and 19 below.)

9 – Race and Ethnic Designation (not required)

The completion of ethnic and race designation is requested, but not required.

INTERPRETER’S STATEMENT (required only if an interpreter was utilized)

An interpreter must be provided *if* the recipient does not understand the language used by the person obtaining the consent. Interpreter services can be provided face-to-face or remotely via phone or video.

10 – Language

Indicate the language in which the recipient was counseled if other than English.

11 – Interpreter’s Signature

If an interpreter was used, he/she must sign and date the form. Interpreter’s signature must be handwritten in ink. A signature stamp or computer generated (electronic) signature is NOT acceptable.

If an interpreter was used via teleconference (phone or video), the person obtaining the consent must write the interpreter’s name and ID number (if applicable). The person obtaining the consent must initial, date, and provide the method used (phone or video).

12 – Interpreter’s Date

If an interpreter was used, the date of translation may be before or the same date as the date as the recipient’s signature date (in element 8). If the date of interpreter’s signature is after the recipient’s signature date, a 30-day waiting period begins on the day following the date the interpreter signed the form. The month, day, and year may be in any format.

STATEMENT OF PERSON OBTAINING CONSENT

13 – Name of Individual

The recipient's name does not need to exactly match the name in 4.

14 – Specify Type of Operation

Indicate the type of operation. Abbreviations are not accepted. The "type of operation" may be described in terms the recipient uses to reflect understanding of the operation or medical terminology. The term used in this field is NOT required to match all other instances where the "Type of Operation" is required. If completing the Consent Form in Spanish, the name of the procedure may be written in Spanish. The field may be pre-stamped or typed.

15 – Signature/Date of Person Obtaining Consent and Facility Name/Address

Signature is required from person obtaining sterilization consent. The signature must be handwritten in ink and not a signature stamp or computer generated (electronic) signature. The person providing sterilization counseling and obtaining the consent may be but is not required to be the physician performing the procedure.

Facility indicates the place where sterilization consent was obtained and is not necessarily the facility where the procedure will be performed. The facility name may be pre-stamped or typed.

PHYSICIANS STATEMENT – To be completed by the physician who performed the sterilization procedure.

16 – Name of Individual

The recipient's name does not need to exactly match the name in 4 or 13; however, should match medical records.

17 – Date of Sterilization

The date of sterilization must match the date of service on the claim. The month, day, and year may be in any format.

18 – Specify Type of Operation

Indicate the type of operation. Abbreviations are not accepted. The "type of operation" may be described in terms the recipient uses to reflect understanding of the operation or medical terminology. The term used in this field is not required to match all other instances where the "Type of Operation" is required. The field may be pre-stamped or typed.

19 – Alternative Final Paragraph

Cross out the paragraph that does not apply.

- Cross out paragraph (1) if the minimum waiting period of 30 days HAS NOT BEEN MET and describe circumstances in the space provided. If additional space is needed, include in an attachment.
- Cross out paragraph (2) if the minimum waiting period of 30 days HAS BEEN MET.

20 - Exceptions to 30-Day Requirement

In the case of premature delivery or emergency abdominal surgery performed within 30 days of consent but greater than 72 hours after informed consent was obtained, the physician must:

- State the expected date of delivery in the case of premature delivery OR
- Describe the emergency in the case of abdominal surgery. If additional space is needed, include as an attachment.

21 – Physician Signature and Date

Physician's signature must be handwritten in ink. A signature stamp or computer generated (electronic) signature is NOT acceptable. Physician's date of signature may be signed on or after the date the sterilization was performed. The month, day, and year may be in any format.

CONSENT FOR STERILIZATION

NO E: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from #1 _____, Doctor or Clinic. When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible. I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about three temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a #2 _____, Specify Type of Operation. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least 30 days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: #3 _____ Date

I, #4 _____, hereby consent of my own free will to be sterilized by #5 _____, Doctor or Clinic

by a method called #6 _____, Specify Type of Operation. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed. I have received a copy of this form.

#7 _____ #8 _____
Signature Date

You are requested to supply the following information, but it is not required. (Ethnicity and Race Designation) (please check)

- Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race (mark one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized, I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in #10 _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

#11 _____ #12 _____
Interpreter's Signature

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before #13 _____ signed the consent form, I explained to him/her the nature of sterilization operation #14 _____, the fact that it is

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

#15 _____
Signature of Person Obtaining Consent Date

Facility _____
Address _____

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon #16 _____ on #17 _____, I explained to him/her the nature of the sterilization operation #18 _____, the fact that it is

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraph: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on the consent form because of the following circumstances (check applicable box and fill in information requested):

- Premature delivery. Individual's expected date of delivery: #20 _____
 Emergency abdominal surgery (describe circumstances):

#21 _____ #21 _____
Physician's Signature