B.26 Hysterectomy Acknowledgment Form

MEDICAID CLIENT IDENTIFICATION NUMBER _/_/_/_/_/_/_/_/_/_

Hysterectomy Acknowledgment

I hereby acknowledge that I was, prior to surgery _____ (month, day, year), informed both orally and in writing that a hysterectomy (surgical removal of the uterus) will render the individual on whom that procedure is performed permanently incapable of bearing children.

_____ _____

Signature of Client or Designated Representative Date

Reconocimiento

Yo afirmo haber sido informada verbalmente y por escrito, antes de la cirugía _____ (mes, día, año) que una histerectomía (extracción quirúrgica del útero) dejará a la persona a la cual se haya operado permanentemente, incapaz de tener hijos.

_____ _____

Firma del Cliente o Representante Designado Fecha

Interpreter's Statement

To be used if an interpreter is provided to assist the individual having the hysterectomy.

I have translated to the individual having a hysterectomy the information and advice presented orally by the individual obtaining consent. I have also read the consent form to _____ in _____ language and explained its contents to her. To the best of my knowledge and belief she understood this explanation.

_____ _____

Signature of Interpreter Date

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