

Dear patient,

As a convenience we have provided forms in advance of your appointment. The *medical information* and *consent form* may be completed in your home. Bring the completed forms to the clinic at your scheduled appointment time. Please read all the material completely before you begin your paperwork. If you have any questions one of our staff will be happy to assist you.

**AAA CONCERNED WOMEN'S CENTER**  
**Disclosure and Informed Consent**  
**Medical & Surgical Abortion**

**Informational Materials Related to "A Woman's Right to Know":** As set forth by Texas Legislature/Governor Perry effective 01-01-2004.

As the patient, you have the right to know:

- Medical assistance benefits may be available for prenatal care, childbirth, and neonatal care.
- The father is liable for assistance in the support of the child without regard to whether he has offered to pay for the abortion.
- Public and private agencies provide pregnancy prevention counseling and medical referrals for obtaining pregnancy prevention medication or devices.
- Printed materials are prepared by the Texas Department of Health titled "A Woman's Right to Know" and the "Resource Directory", and that these materials have been provided by the Texas Department of Health and are accessible on an internet website (<http://tdh.state.tx.us/wrtk>) sponsored by the department, and that the materials describe the gestational age pregnancy and list agencies that offer alternatives to abortion.

By signing below, I (we) certify that the information described relating to "A Woman's Right to Know" was provided to me, by telephone or in person, 24 hours prior to the abortion with the option to view the material either by internet website and/or printed brochure. In addition, the estimated gestational age at the time of the abortion is to be performed and the potential complications stated herein have been disclosed to me at least 24 hours prior to the abortion procedure by the physician or the referring physician.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_

Consenting for Provided Services:

I (we), \_\_\_\_\_, voluntarily request Howard J. Novick, M.D.P.A. as my physician, and such associates, medical assistants, and other health care providers as they may deem necessary to treat my request for an elective abortion. I (we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures: **elective abortion and all necessary supporting labs and diagnostic exams.** I (we) understand that my physician may discover other or different conditions, which require additional or different procedures than those planned. I (we) authorize my physician, and such associates, medical or technical assistants, and other health care providers to perform such other procedures, which are advisable in their professional judgment. I (we) (do) (do not) consent to the use of blood and blood products as deemed necessary. I (we) understand that no warranty or guarantee has been made to me as a result or cure. Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me.

I (we) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia, and treatment, risk of non-treatment, the procedures planned, and risks involved. I (we) believe that sufficient information has been provided to give consent for my treatment. I (we) certify this form has been fully explained to me, that I (we) have read it entirely or it read to me and I (we) understand its contents. Also, by signing below I certify that I have received at the initial consult the written disclosure requirements providing me with a toll-free number and address to the TDH if comments are needed either by fax or email/website.

Initials: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

And/or legally responsible person

Time: \_\_\_\_\_ AM, PM

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

AAA Concerned Women's Center Representative

Time: \_\_\_\_\_ AM, PM

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**To the patient:** You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic treatment to be used so that you make the decision whether or not to undergo the procedure after knowing the risks involved. This disclosure is not meant to alarm you, it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

An abortion is a surgical procedure which, like all surgeries, has certain statistical risks. Medicine and surgery are not an exact science. Complications, both major and minor, can occur in a small percentage of cases, regardless of anyone's doing.

As you read on, you will be explained all possible complications that may occur. You will be asked to sign this form indicating that you understand the risks and problems associated with an elective abortion. ***Please read this form carefully so you understand that there is no guarantee that the results obtained from the procedure will be perfect. Complications may occur and require further treatment.***

Howard J. Novick, M.D. is the medical director and owner of AAA Concerned Women's Center. All other physicians are contracted to work at AAA Concerned Women's Center. They are individual practitioners and are not associated in any way with AAA Concerned Women's Center.

Just as there may be risks involved in continuing your present condition; complications in childbirth are equal to or pose a greater risk than abortion. Please be advised that there are also risks related to the performance of surgical, medical, and/or diagnostic procedures and potential risk for infections, blood clots (in veins, lungs, vaginal blood clots passed), hemorrhage, allergic reactions, and death. I, as the patient, realize that the following risks may occur relating to the procedure requested:

1. **Risk for Infection:** Minor or possibly major infection can occur following an abortion. This occurs in a small percentage of cases. It can require antibiotic treatment, and rarely can lead to the inability to conceive through blocked tubes due to scar tissue from the infection, or loss of uterus.
2. **Incomplete Abortion:** In some cases, tissue may not be removed completely during the procedure. In the event this occurs it may lead to an infection unless the procedure is repeated, or some other treatment or therapy is implemented.
3. **Missed Abortion - Continuing Pregnancy:** In very small percentages of cases, a woman may still remain pregnant after an abortion procedure. This may be due to multiple pregnancies (i.e. twins), a double uterus, or ectopic pregnancy (tubal pregnancy). A missed abortion may be detected by a follow-up exam and pregnancy test after which a re-suction/repeat procedure can be done. A tubal or ectopic pregnancy is difficult to detect and will require hospitalization and surgery.
4. **Perforation or Laceration:** Almost rarely, an instrument may tear the cervix or puncture the wall of the uterus. Hospitalization may or may not be necessary, depending on the extent of injury. In rare situations, there may be injury to nearby organs such as the bowel, bladder, ovaries, or sufficient injury to the uterus that may require a hysterectomy. In some cases, an abdominal incision and operation may be necessary to correct an injury.
5. **Bleeding or Hemorrhage:** Heavy bleeding immediately or shortly after an abortion may occur. This requires re-evaluation and possible hospitalization. The treatment will depend on the cause of bleeding and severity of bleeding.

**In Addition:** I (we) understand that anesthesia involves additional risks and hazards; however, I (we) request the use of anesthetics/analgesics for the relief and protection from discomfort during the procedure. I (we) realize the anesthesia may have to be changed possibly without explanation to me. I (we) further understand that certain complications may result from the use of any anesthetics/analgesics including respiratory depression, drug reaction, paralysis, brain damage, or even death.