

## PATIENT'S RIGHTS

### IMPORTANT LEGAL INFORMATION

Under the laws of the United States of America, every physician performing an abortion has a legal obligation to meet a minimum standard of medical care. If he or she does not, and thereby causes a patient to suffer injury or death, he or she may be negligent and subject to legal action.

Before performing an abortion, some abortion providers insist that all patients sign a statement saying they will not hold the clinic or doctor liable for damages which might occur because of the abortion. In the event that you were physically or emotionally injured because of an abortion, you probably still retain some legal rights to compensation for your injuries despite that document. It is important that you seek competent legal help as soon as possible.

If you cannot afford an attorney, do not let that prevent you from seeking legal representation. Many attorneys will work with you on a contingency basis and not charge you a fee, but instead, collect their expenses out of any settlement won in court.

Any competent personal injury or medical malpractice attorney will be able to discuss these issues with you. You can find one in the "Attorneys" section of your Yellow Pages, or by calling the Bar Association in your state capital or a legal aid organization in your city or parish.

#### Bibliography

1. Study conducted by Population Council by Christopher Tietze and Sandra Lewit, pub. in Studies in Family Planning, V3 No. 6, June 1972.
2. Richard Maddox, PH.D. & Ray Sexton, MD., The Rising Cost of Abortion, Pub. in Medical Hypnoanalysis, Spring 1980
3. Syracuse Herald-American, Abortion, Suicide in Teenagers Linked, Sunday, Nov. 22, 1981
4. "Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion", Journal of the National Cancer Institute, Volume 86, #21

Place your company's stamp here:

## ABORTION DISCLOSURE FORM



## PATIENT'S RIGHTS

### WARNING!

DO NOT ALLOW ANYONE TO PERFORM AN ABORTION ON YOU, WHO REFUSES TO COMPLETE AND SIGN THIS DOCUMENT.

Also, under no circumstances should you allow anyone to take this form away from you, INCLUDING the doctor who is performing your abortion or any member of the clinic or hospital staff. This document may be photocopied if necessary, but in order to protect your legal rights you should keep it in your possession at all times.

PATIENT'S NAME: \_\_\_\_\_

DATE OF ABORTION: \_\_\_\_\_

NAME OF FACILITY WHERE ABORTION PERFORMED:  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

## PREGNANCY TERMINATION: PATIENT SAFETY AND CONSENT

You have a right to know all of your options and any other information that might affect your decision, but if you don't ask for this information, you may forfeit that right. Here are some important issues you will want to discuss before you sign the doctor's consent form:

1. Will it hurt? \_\_\_\_\_
2. What options do I have? \_\_\_\_\_
3. What supportive services are available to me if I \_\_\_\_\_ choose not to abort? \_\_\_\_\_
4. What are the chances that I will have any of the following problems?<sup>1,2,3,4</sup>

### Physical

- \_\_\_ Retained products of conception
- \_\_\_ Damage to the cervix
- \_\_\_ Hemorrhage
- \_\_\_ Infection
- \_\_\_ Perforation of the uterus
- \_\_\_ Sterility
- \_\_\_ Complications in future pregnancies
- \_\_\_ Abortion related breast cancer

### Psychological

- \_\_\_ Depression
- \_\_\_ Anniversary Syndrome
- \_\_\_ Suicidal thoughts
- \_\_\_ Interference with personal relationships

5. Will you treat me for complications? \_\_\_\_\_
6. If I need to be hospitalized, at which hospital do you have privileges?  
\_\_\_\_\_
7. Are there any lawsuits pending against you? \_\_\_\_\_
8. Will you check my blood type to check if I am RH-Negative? \_\_\_\_\_
9. If I go through the RU-486 procedure, what complications can arise?  
\_\_\_\_\_  
\_\_\_\_\_

If you decide to have an abortion, you'll want a permanent record of what the doctor told you. Take this checklist home with you and keep it in a safe place. Some of the effects associated with abortion may not show up for several years. If anything does happen to you during or after the abortion, you will have evidence of what the doctor told you.

If you are seeking an abortion within the jurisdiction of the United States of America, you have certain legal rights. Among them are the right to insist that your abortion be performed by a licensed physician, and the right to insist that this physician carry insurance to protect your interests in case of injury or death.

## PHYSICIAN INFORMATION

I hereby certify that I am a physician with an unrestricted license to practice medicine and surgery in the state of:

\_\_\_\_\_

I also certify that I have a current and fully-paid insurance policy [see below] that will protect you in the event of either medical malpractice, personal injury or wrongful death. Furthermore, I have no outstanding or unpaid claims or judgements against me for either medical malpractice, personal injury or wrongful death.

\_\_\_\_\_ md  
Date Signed

## THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE PHYSICIAN SIGNING ABOVE.

NAME OF INSURANCE COMPANY  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_