

Sterilization Consent Form (Med-178) Instructions and Guidance

Following is the list of fields included in the consent form requirements for sterilization. All fields are required to be completed except Field #9 (race/ethnicity) which is optional, Fields #10-12 which only need to be completed if an interpreter was used, and Field #24 which is conditional. Entries in all fields must be legible – if signatures are not legible, please print the name nearby. **Any corrections to the client’s portion of the sterilization consent must be approved and initialed by the client; however, many fields in the client’s portion may be pre-filled or stamped. Fields #7 and #8 in bold print cannot be altered.** Once an error is made in these fields, the consent form cannot be resubmitted.

Field	Description	Completion Format	Instructions
ID	Client’s Colorado Medicaid ID	7 characters Required	Client’s seven-figure alphanumeric Medicaid ID#.
CONSENT TO STERILIZATION (Client’s Portion)			
1.	Health Care Provider or Clinic	Text Required	Name of the health care provider, group, or clinic that is providing client with information about sterilization. May be pre-filled, stamped, or written.
2.	Type of Procedure	Text Required	Name of procedure. Must be consistent throughout form (Fields 2, 6, 14, and 20). For women, it is acceptable to note “tubal sterilization” in all fields. May be pre-filled, stamped, or written.
3.	Date of Birth	6 digits Required	Client’s date of birth (MM/DD/YY). Must match the date of birth on the claim. Client must be at least 21 years old on the date that consent is signed by client.
4.	Client’s Name	Text Required	Client’s name. Must be consistent throughout form (Fields 4, 13, and 18) and must match name on claim and/or eligibility inquiry.
5.	Health Care Provider or Clinic	Text Required	Name of the health care provider, group, or clinic that is expected to perform the procedure. Note: If an individual provider is listed in Field 5, but the name does not match the signature in Field 22, then Field 24 must be completed. May be pre-filled, stamped, or written. If the clinic name is listed in Field 5, then Field 24 does not need to be completed.
6.	Type of Procedure	Text Required	Name of procedure. Must be consistent throughout form (Fields 2, 6, 14, and 20). For women, it is acceptable to note “tubal sterilization” in all fields. May be pre-filled, stamped, or written.
7.	Client’s Signature for Consent to Sterilization	Text Required	Client’s signature cannot be altered, traced over, or corrected. It is not acceptable to enter initials only. If the signature is not legible, the client’s name should be printed under the signature.
8.	Date of Client’s Signature	6 Digits Required	Date consent form was signed by client (MM/DD/YY). Client must be at least 21 years old on this date. At least 30 days (but no more than 180 days) must have passed between this date and the date the sterilization procedure is performed. The 30-day count begins the day after the date of client’s signature.
9.	Race/Ethnicity	<input type="checkbox"/> Check box	This field is optional.
INTERPRETER’S STATEMENT			
10.	Language	Text Conditional	Language used in counseling the client, if other than English or Spanish (see Spanish form). Otherwise, leave blank.
11.	Interpreter’s Signature	Text Conditional	Signature of interpreter if interpreter was used. Otherwise, leave blank.

12.	Date of Interpreter's Signature	6 Digits Conditional	Date that interpreter signed consent form (MM/DD/YY), if interpreter was used. Otherwise, leave blank.
STATEMENT OF PERSON OBTAINING CONSENT			
13.	Client's Name	Text Required	Client's name. Must be consistent throughout form (Fields 4, 13, and 18) and must match name on claim and/or eligibility inquiry.
14.	Type of Procedure	Text Required	Name of procedure. Must be consistent throughout form (Fields 2, 6, 14, and 20). For women, it is acceptable to note "tubal sterilization" in all fields. May be pre-filled, stamped, or written.
15.	Signature of Person Obtaining Consent	Text Required	Signature of person obtaining consent. May be practitioner, practitioner's designee, or staff.
16.	Date of Signature of Person Obtaining Consent	6 Digits Required	Date that person obtaining consent signed consent form (MM/DD/YY).
17.	Facility Name and Facility Address	Text Required	Name and address (street address, city, state, zip) of office or facility where client was given information about sterilization/where consent was obtained. This is not necessarily the facility where procedure will take place, but it can be. May be pre-filled, stamped, or written.
PHYSICIAN'S STATEMENT			
18.	Client's Name	Text Required	Client's name. Must be consistent throughout form (Fields 4, 13, and 18) and must match name on claim and/or eligibility inquiry.
19.	Date Sterilization Procedure was Performed	6 Digits Required	Date sterilization procedure was performed (MM/DD/YY). This date must be at least 30 days but no more than 180 days from the date the client signed consent form (Field 8). The date the client signed the consent form and the date of the procedure are not counted as part of the 30-day requirement. Date of the procedure can be the 31 st day after the date of client's consent signature, or later (but no later than 181 st day). Exceptions to 30-day requirement below (Field 21). Date must match date of service on claim.
20.	Type of Procedure	Text Required	Name of procedure. Must be consistent throughout form (Fields 2, 6, 14, and 20). However, for women, if "tubal sterilization" is listed in all other fields, a more specific tubal procedure may be listed here (e.g., tubal ligation, tubal occlusion, Essure procedure).
21(1).	Alternative Final Paragraph 1	Required	Paragraph 1: If at least 30 days, but no more than 180 days have passed between the date of the client's signature and the date the procedure was performed, then Alternative Paragraph 2 should be crossed out.
21(2).	Alternative Final Paragraph 2	Required	Paragraph 2: If 30 days have not passed, but at least 72 hours have passed from when the client signed the consent form, then Alternative Paragraph 1 should be crossed out.
21(2a)	Alternative Final Paragraph 2a	Conditional <input type="checkbox"/> Check Box	Paragraph 2a: If Alternative Paragraph 2 is not crossed out, and the reason is because of premature delivery, then check this box and indicate the client's expected date of delivery. If the client's expected date of delivery is not at least 31 days from the date of the client's signature and this box is checked, the consent will not be considered as valid.

21(2b)	Alternative Final Paragraph 2b	Conditional <input type="checkbox"/> Check box	Paragraph 2b: If Alternative Paragraph 2 is not crossed out, and the reason is because of emergency abdominal surgery, then check this box and list the name of the surgical procedure and describe the circumstances for the emergency abdominal surgery.
22.	Signature of Person Who Performed Sterilization Procedure	Text Required	The person who actually performed the sterilization procedure must sign the form after the procedure is performed. A signature stamp is not acceptable. If the signature is not legible, print the doctor's name below the signature line. If an individual practitioner is listed in field 5 but that name does not match the signature in Field 22, then Field 24 must be completed.
23.	Date of Signature of Person Who Performed Sterilization Procedure	6 digits Required	Date of doctor's signature (MM/DD/YY). Date must be on or after the date of the sterilization procedure.
24.	Different Practitioner Performed Procedure	Text Conditional	If an individual practitioner's name is listed in Field 5 (rather than a group or clinic name), and that practitioner's name is different from the signature in Field 22, provide an explanation for the difference. Check the boxes to indicate the reason for the difference: <ul style="list-style-type: none"> • A different practitioner was on call at time of procedure • A different practitioner in the same practice did the procedure • Other, please explain