

Falls Church Healthcare Center (FCHC)
Patients Ultrasound Consent and Certification of Waiting Period
 As Required by VA Code 18.2-76 effective July 1, 2012

_____ **Patient Printed Name**

_____ **Date of Birth**

_____ **Date**

ADVISORY: We at Falls Church Healthcare Center (FCHC) believe you know what is best for your medical care and have always given our patients options to choose their care including viewing your ultrasound if desired. An ultrasound is an image taken of your uterus by abdominal or vaginal wand (transducer) that gives us an estimate of gestational age as well as details of your anatomy. FCHC believes before or during each patient's medical care ultrasounds as part of a comprehensive medical screening, can be useful to your doctor and to you. The Virginia legislature as of July 1, 2012 requires you complete the ultrasound step of your abortioncare appointment at least 24 hours before your medical or surgical abortion (or 2 hours before if you live more than 100 miles away from our Center). The Virginia legislature also requires you to formally decline or choose to include options listed below as part of your informed consent. We know this new legislation as well as returning for your appointment on another day (or the additional 2 hours wait) may be an inconvenience for you, and we appreciate your understanding. If you would like to comment on this mandatory requirement to the Virginia Department of Health their complaint policy and contact information is detailed in our privacy policies.

Please check the boxes to indicate your choices then sign the certification: *You will have the opportunity to discuss these options and your care with the nurse or doctor during your ultrasound.*

- 1) I decline to **OR** I choose to view during my examination the image produced by my ultrasound
- 2) I decline to **OR** I choose to receive a printed copy of the image produced by my ultrasound
- 3) I decline to **OR** I choose to hear, if audible, fetal heart tones. **NOTE:** If you choose to hear fetal heart tones, since this is not standard medical practice within the community for providing gestational age, the Virginia Department of Public Health (VDH) under this VA Code 18.2-76 D5 and F1 will provide a statewide list of public and private agencies and services qualified to provide ultrasound imaging and auscultation of fetal heart tone services free of charge. If you would like FCHC to help you schedule a fetal heart tone service let us know.
- 4) My sonogram was provided at Falls Church Healthcare Center **OR**
 My sonogram was provided by _____
 at _____ and I have the required copy for my medical record.
address or contact number

I certify that my ultrasound was completed and that I was offered the opportunity to view the image, receive a copy of the image and hear fetal heart tones. I certify that my abortion appointment is scheduled at least 24 hours after my ultrasound was completed or I qualify for the 2 hour waiting exception.

Certification: _____ **date** _____
Patient Signature

Complete only if you live more than 100 miles from Falls Church Healthcare Center.

Waiting Period Exception Verification: I qualify for the 2 hour waiting period because I live more than 100 miles from Falls Church Healthcare Center as verified on my contact information form.

Certification: _____ **date** _____
Patient Signature

.....**below for STAFF use only**.....
 per VA Code 18.2-76 C qualified Ultrasound professional provided DATE: _____ initials: _____
 Patient verbally offered the opportunity to view, receive copy and hear fetal heart tones. **Copy of Sono requested and given**
 Patient's written certification that opportunity was offered completed above
 Patient's written verification of waiting period exception.

NOTES: Estimated Gestational Age _____ Cleared for Miso YES NO WILL NEED RESONO
 DOP _____ TYPE: M P U L H.E. ADVISORY: DOULA Requested