

**Alabama Medicaid Agency
Family Planning Services Consent Form**

Recipients are required to give written consent prior to receiving family planning services. A recipient consent for services must be obtained at each Family Planning visit. A sign-in logbook may be used after the initial consent form has been signed.

Recipient's Name: _____

Medicaid Number: _____

Date of Birth: _____

I give my permission for _____ to provide me with family
(Physician or Practice)

planning services. I have been given freedom of choice in deciding to receive or reject family planning services. I agree that my decision is voluntary and without any form of duress or coercion applied to gain such acceptance. I understand that I will be given a physical exam that will include a pelvic (female) exam, Pap smear, tests for sexually transmitted diseases (STDs), tests of my blood and urine and any other tests that I might need.

I give permission to be contacted by cell phone instead of paper mail: Recipient's Signature: _____

Recipient's Signature: _____ Recipient's Signature: _____

Date: _____ Date: _____

Recipient's Signature: _____ Recipient's Signature: _____

Date: _____ Date: _____

Recipient's Signature: _____ Recipient's Signature: _____

Date: _____ Date: _____

Recipient's Signature: _____ Recipient's Signature: _____

Date: _____ Date: _____

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