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www.baycounty-mi.gov/Health

James A. Barcia
Bay County Executive

Joel R. Strasz
Public Health Officer

Personal Health Family Planning Informed Consent

I voluntarily ask the Bay County Health Department for family planning services.

Family planning services may include my body being checked out, my blood being drawn, my urine tested, or being given medication or birth control.

I understand staff will not bully or force me to accept services, use a certain type of birth control, or choose a specific pregnancy option.

I realize the medication or birth control I receive today could have side effects and I could still become pregnant. I agree to assume responsibility for those risks.

I understand that I do not need to receive family planning services to get other services or support from the Health Department.

The things I share and services I get today will be kept private and will not be shared with anyone else unless I say they can or is required by law.

The things I said about how much money I make are truthful. The amount of money I make determines if I pay for services today or not. I will not be denied services if I cannot pay.

The things I share about my health today are truthful. If I am told I need to see another doctor, I will be responsible for calling and paying that doctor.

I will call the Bay County Health Department if I have side effects with the medication or birth control I am given.

I know I can ask Health Department staff questions at any time and will be given information that is truthful and clear.

I can ask for a copy of this form.

By signing this form, the Bay County Health Department can share my information, as needed.

Client Printed Name

Client Signature

Date

Witness Signature

Date