

1ST ENCOUNTER ABORTION CHECK LIST
FOR PATIENTS WHO RECEIVE STATE-MANDATED INFORMATION PURSUANT TO
ARS § 36-2153(A)(1)&(2) ON THE WEBSITE

Certification of Informed Consent of _____
(patient name)

- I certify that at least 24 hours prior to my abortion procedure appointment, I accessed and reviewed materials relating to my abortion procedure online at the Tucson Women’s Center website (tucsonwomenscenter.com). The website provided me with the following information:
 - that Dr. Richardson will perform my abortion.
 - the nature of the abortion Dr. Richardson will perform on me.
 - the immediate and long-term medical risks associated with the abortion, that I, as a reasonable person, consider material to the decision of whether or not to undergo the abortion.
 - the alternatives to the abortion that I, as a reasonable person, consider material to the decision of whether or not to undergo an abortion.
 - the probable gestational age of my unborn child at the time the abortion is to be performed. I understand that based on the first day of my last menstrual period, that I am approximately _____ menstrual weeks pregnant.
 - the probable anatomical and physiological characteristics of the unborn child at the time the abortion is to be performed. I have also reviewed Dr. Richardson’s online essay “thoughts on fetal development.”
 - the medical risks associated with carrying the child to term.

 - that medical assistance benefits may be available for prenatal care, childbirth and neonatal care.
 - that the father of the unborn child is liable to assist in the support of the child, even if he has offered to pay for the abortion.
 - that public and private agencies and services are available to assist me during my pregnancy and after the birth of my child if I choose not to have an abortion, whether I choose to keep the child or place the child for adoption.
 - that it is unlawful for any person to coerce a woman to undergo an abortion.
 - that I am free to withhold or withdraw my consent to the abortion at any time without affecting my right to future care or treatment and without the loss of any state or federally funded benefits to which I might otherwise be entitled.

When I accessed the information, I was given an adequate opportunity to ask questions either by emailing or calling the health professionals at Tucson Women’s Center. To the extent that I had any questions, they were fully answered. I was also informed on the website that I would be given an adequate opportunity to ask and have my questions answered when I came in to the office for my appointment to have the abortion performed.

(patient’s signature) (date)