

**Guidelines for completing the  
HHS CONSENT FOR STERILIZATION**  
HHS-687 (05/10)

Complete **all** fields unless optional is indicated.

**Consent to Sterilization:**

1. Name of physician or clinic providing the patient with the form
2. List the name of the surgical procedure to be performed (e.g. tubal ligation, vasectomy, etc.)
3. Patient's date of birth
4. Patient's first and last name
5. Name of physician who will be performing the surgical procedure
6. List the name of the surgical procedure to be performed (e.g. tubal ligation, vasectomy, etc.)
7. Patient's signature
8. Date patient signed  
***Note:** The procedure cannot be performed until at least 30 days after this date and must be performed within 180 days of this date.*
9. Optional: patient can check the box of their race and ethnicity

**Interpreters Statement (Optional):**

10. Optional: The interpreter defines the language used in the interpretation
11. Optional: The interpreter signs their name
12. Optional: The interpreter enters the date they read the statement to the patient

**Statement of Person Obtaining Consent:**

13. Patient's first and last name
14. Specify type of surgical procedure performed
15. Signature of person obtaining informed consent (physician or physician representative)
16. Date consent was obtained
17. List the name of the facility (hospital, surgery center, etc.) where the procedure will be performed or the practice name of the physician performing the surgery
18. List the complete address (including city, state and zip code)

**Physician's Statement:**

19. First and last name of patient to be sterilized
20. Date the surgical procedure was performed
21. List the name of the surgical procedure performed
22. This is not required unless the surgical procedure is performed less than 30 days after the patient's signature date (in #8 above). One of the following boxes **must** be checked:
  - ☐ Premature delivery – indicate the expected date of delivery
  - ☐ Emergency abdominal surgery – describe circumstances
23. Signature of physician performing surgery. This must be the physician's actual signature. Do Not Use a Signature Stamp.
24. Date the physician signs

The form must be accurately completed before CareSource can consider the claim for payment. Page \_\_\_\_ (#) is a blank ODJFS Consent for Sterilization Form that can be reproduced and used. This form can also be accessed on our website at [www.caresource.com](http://www.caresource.com).