HER GYN
women's care by a woman

CONSENT FOR PELVIC EXAMINATION

A Pelvic Examination is an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs. This procedure is used to diagnose and/or treat conditions that involve the pelvis. It may be performed using any combination of modalities, which may include the health care provider's gloved hand or instrumentation. For purposes of this consent, vaginal sonography is included.

A health care practitioner, a medical student, or any other student receiving training as a health care practitioner may not perform a pelvic examination on a patient without the written consent of the patient or the patient's legal representative unless:

(a) a court orders performance of the pelvic examination for the collection of evidence; or
(b) the pelvic examination is immediately necessary to avert a serious risk of imminent substantial and irreversible physical impairment of a major bodily function of the patient.

The risks and complications associated with a pelvic examination include, but are not limited to:

- discomfort
- bleeding
- infection

The risks associated with failing or refusing to undergo a pelvic examination include:

- The inability to obtain a diagnosis and/or a delay in diagnosis of a medical condition;
- The inability of your health care provider to have the information needed to appropriately treat you.

By signing this consent, I _____ authorize and direct HER GYN LLC
[Print Patient's Name)
and my treating OB/GYN physician, together with medical personnel of HER GYN LLC as deemed necessary by my treating physician, and medical students and/or residents who may be involved in my care, to perform a pelvic examination, including vaginal sonography, as described above. I have read or have had read to me the contents of this form. My provider and I have discussed in detail the risks, benefits, alternatives and indications for this examination. I understand the risks, benefits, alternatives and indications of a pelvic examination, including vaginal sonography, and all my questions have been answered to my satisfaction. I understand that I may revoke this consent at any time by providing written notice of such revocation to my HER GYN LLC medical office or verbal notice directly to my provider prior to administration of the pelvic exam.

_____

Patient/Legal Representative Signature — Printed Name / DOB / Date

_____

Witness Signature — Printed Name and Date

_____

Provider Signature — Printed Name and Date