

Hospital Reproductive Health Services In accordance with 2SSB 5602 (Laws of 2019), the purpose of this form is to provide the public with specific information about which reproductive health services are and are not generally available at each hospital. Please contact the hospital directly if you have questions about services that are available. Hospital name: Physical address: ZIP Code: City: State: **Hospital contact:** Contact phone #: An acute care hospital may not be the appropriate setting for all reproductive health services listed below. Some reproductive services are most appropriately available in outpatient settings such as a physician office or clinic, depending on the specific patient circumstances. The following reproductive health services are generally available at the above listed hospital: **Abortion services** Other related services □ Medication abortion ☐ Human immunodeficiency virus (HIV) testing □ Referrals for abortion ☐ Human immunodeficiency virus (HIV) treatment □ Surgical abortion □ Pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prescriptions, and related counseling **Contraception services** ☐ Sexually transmitted disease testing and treatment □ Birth control: provision of the full range of Food and □ Treatment of miscarriages and ectopic pregnancies Drug Administration-approved methods including intrauterine devices, pills, rings, patches, implants, etc. **Pregnancy-related services** □ Contraceptive counseling □ Counseling ☐ Hospital pharmacy dispenses contraception □ Genetic testing □ Removal of contraceptive devices □ Labor and delivery □ Tubal ligations □ Neonatal intensive care unit □ Vasectomies □ Prenatal care □ Postnatal care □ Ultrasound **Emergency contraception services** ☐ Emergency contraception - sexual assault Comments; limitations on services; other services ☐ Emergency contraception - no sexual assault **Infertility services** □ Counseling □ Infertility testing and diagnosis □ Infertility treatments including but not limited to in vitro fertilization Additional comments on next page

Date (mm/dd/yyyy)

Signed by:

Shanon M. Waktins, MNS, RN, NOA-BC



Hospital Reproductive Health Services
Hospital name:
Additional comments; limitations on services; other services (continued)
S/ 74 11 /L: 74.15 0.1 1.54 00

Date (mm/dd/yyyy)

Signed by: