

**DEPARTMENT OF SOCIAL SERVICES
MEDICAL SERVICES**

**ACKNOWLEDGEMENT OF INFORMATION
FOR HYSTERECTOMY**

Prior to having a hysterectomy, I understand/understood and fully acknowledge that the surgical procedure of hysterectomy renders me permanently sterile.

Signature

Date

Print Name

Recipient I.D.

The Medicaid recipient must sign and date the Acknowledgment of Information form prior to Medicaid payment.

If an interpreter is provided to assist the individual on whom the hysterectomy is being performed:

INTERPRETER'S STATEMENT

I have translated the information and advice presented orally to the individual who is receiving a hysterectomy by the person obtaining this consent. I have also read to her, the consent form in language and explained its contents to her. To the best of my knowledge and belief she understood this explanation.

Interpreter

Date

The Medicaid recipient must sign and date the Acknowledge of Information form prior to Medicaid payment.