

ALABAMA STATE COMMITTEE OF PUBLIC HEALTH
ALABAMA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF LICENSURE AND CERTIFICATION
ADMINISTRATIVE CODE

CHAPTER 420-5-1
ABORTION OR REPRODUCTIVE HEALTH CENTERS

420-5-1-AD

Appendix D.

ATTACHMENT TO RULE 420-5-1-.03

CONSENT FOR POST-ABORTION CARE

CONSENT FOR POST-ABORTION CARE

I hereby certify I have been informed that in the event I present to an emergency department for post-abortion related care or complications, no physician associated with the facility will provide care to me in a hospital setting due to no such physician having staff privileges at a local hospital. I understand the facility medical director or other facility physician shall be available 24 hours a day, 7 days a week to consult with the emergency department physician(s) and staff during said care.

(Signature of patient or legal guardian)

(Date)

(Printed name)

D-1

Author: Rick Harris, W. T. Geary, Jr., M.D., Brian Hale

Statutory Authority: Code of Ala. 1975, §§22-21-20, et seq.

History: New Rule: Filed April 18, 2016; effective May 30, 2016.