

**Alabama Medicaid Agency
Family Planning Services Consent Form**

Recipients are required to give written consent prior to receiving family planning services. A recipient consent for services must be obtained at each Family Planning visit. A sign-in log may be used after the initial consent form has been signed.

Enrollee's Name: _____

Medicaid Number: _____

Date of Birth: _____

I give permission for _____ to provide me with family planning services.
(Entity Name)

I have freedom of choice in deciding to receive or reject family planning services. I agree that my decision is voluntary and without any form of duress or coercion applied to gain such acceptance.

I give permission to be contacted by cell phone instead of paper mail: Recipient's signature: _____

Recipient's Signature: _____ Recipient's signature _____

Date: _____ Date: _____

Recipient's Signature: _____ Recipient's signature _____

Date: _____ Date: _____

Recipient's Signature: _____ Recipient's signature _____

Date: _____ Date: _____

Recipient's Signature: _____ Recipient's signature _____

Date: _____ Date: _____

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