

# POLICY & PROCEDURE



<b>TITLE:</b> Patients' Voluntary Participation in Family Planning Grant Funded Programs				
<b>Scope/Purpose:</b> To ensure the understanding of participants that their participation in services funded by DSHS Family Planning, Primary Health Care (PHC) Program, or Extended Primary Health (EPHC) Care grant monies is voluntary.				
<b>Division/Department:</b> All HealthPoint Clinics			<b>Policy/Procedure #:</b>	
<b>Original Date:</b> 8/1/2009			<input type="checkbox"/> <b>New</b> <input checked="" type="checkbox"/> <b>Replacement for:</b> Same /2009	
<b>Date Reviewed:</b>	<b>Date Revised:</b>	<b>Implementation:</b>	<b>CPIC Approved:</b>	<b>Board Approved:</b>
12/9/2013	12/23/13			
<b>Responsible Party:</b> Director Compliance/QA				

## DEFINITIONS:

### Attestation

To bear witness to; certify; declare to be correct, true, or genuine; declare the truth of, in words or writing, esp. affirm in an official capacity: *to attest the truth of a statement.*

## POLICY:

- I. It is the policy of the HealthPoint Clinics that participants who receive services with Family Planning Services, Primary Health Care, or Expanded Health Care designated funds:
  - A. Will not be subjected to coercion to receive services or to use or not to use any particular method of family planning.
  - B. That participants' acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other service or assistance from or participation in any other programs of the Agency.
- II. HealthPoint personnel are informed that they may be subject to prosecution under Federal law if they coerce or endeavor to coerce any person to undergo an abortion or sterilization procedure. Employees will be required to attest to being informed of this information.

## PROCEDURE:

- I. All Health Services staff will review and sign the attached Attestation Statement.
- II. The signed Attestation Statement will be maintained in employee HR file.

RELATED POLICY:

REFERENCES:

FY14 DSHS Family Planning Policy Manual  
FY14 Primary Health Care Program Manual  
FY14 Expanded Primary Health Care Program Manual

REQUIRED BY:

Section 205 of Public Law 94-63  
TAC § 56.11

ATTACHMENTS/ENCLOSURES:

Attestation on Prohibition of Coercion

**POLICY/PROCEDURE TRACKING FORM (to be added as last page of each P&P for documentation of changes)**

<b>TITLE:</b> Patients' Voluntary Participation in Family Planning Grant Funded Programs				
<b>Scope/Purpose:</b> To ensure the understanding of participants that their participation in services funded by Title X grant monies is voluntary				
<b>Division/Department:</b> All HealthPoint Clinics			<b>Policy/Procedure #:</b>	
<b>Original Date:</b> 8/1/2009			<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement for: same/2009	
<b>Date Reviewed:</b>	<b>Date Revised:</b>	<b>Implementation:</b>	<b>CPIC Approved:</b>	<b>Board Approved:</b>
12/9/2013	12/23/2013			
<b>Date of Revision</b>				
<b>Date of Revision</b>		<b>Description of Changes</b>		
12/23/2013		Updated to new format; Update with 2014 Family Planning, PHC & EPHC program requirements		