

PATIENT RIGHTS

for the woman who is seeking a legal abortion

Protecting your health and your legal rights is your responsibility.

YOU HAVE THE RIGHT...

- to insist that your abortion is performed **ONLY** by a licensed physician.
- to know if this physician's license has ever been suspended or revoked.
- to be told whether this physician has medical malpractice insurance in case you are injured or killed during the procedure.
- to insist if you are injured during your abortion, you will be **immediately** transferred **by ambulance** to the **nearest** emergency hospital or trauma center.

DO NOT...

- allow anyone to perform an abortion on you until he or she has completed the PHYSICIAN'S INFORMATION (*next page*), signed it, and returned it to you.
- give away your legal rights. At the abortion clinic you may be asked to sign a statement that you will not hold the clinic or doctor liable if you are injured or killed during the abortion. NO competent attorney would advise you to sign such a statement.
- allow anyone to force you to have an abortion, regardless of your age, marital status, or any other factor.

WARNING

Abortion injuries can be fatal. If you suffer complications from your abortion, seek medical attention immediately.

PHYSICIAN'S INFORMATION

The following must be filled out and signed by the physician performing your abortion.

Name

Name of facility where procedure will be performed

City and State where facility is located

Name of malpractice insurance company

State where insurance company is located

Policy number

Policy Limit

Date of expiration

Name of nearest trauma center or emergency hospital

Location of this trauma center or emergency hospital

I certify that (a) all the information given above is true and accurate, (b) I am a physician licensed to practice medicine in this state, (c) my license to practice medicine has never been suspended or revoked in this or any other state, (d) I have a current and fully paid medical malpractice insurance policy with the company named above, (e) I have no claims or judgements against me for medical malpractice, personal injury or wrongful death, and (f) if you are injured as a result of your abortion you will be immediately transferred by ambulance to the emergency facility named above.

Physician's signature

Date