

FPEP STANDARDS OF CARE

CORE ISSUES	DESCRIPTION
A. Informed Consent	<ol style="list-style-type: none">1. Participation in and consent for services must be voluntary and without bias or coercion to accept certain methods or procedures, or to otherwise participate in family planning services.2. The informed consent process, provided verbally and supplemented with written materials, must be presented in a language the client understands.3. Consent must only be required from the individual client receiving family planning services, including minors.
B. Confidentiality	<ol style="list-style-type: none">1. Services must be provided in a manner that respects the privacy and dignity of the individual.2. Clients must be assured of the confidentiality of services and of their medical records. Records cannot be released without written client consent, except as may be required by law, or otherwise permitted by HIPAA.

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C. Availability of Contraceptive Services	<ol style="list-style-type: none"> 1. A broad range of FDA-approved contraceptive methods and their applications, consistent with recognized medical practice standards, as well as fertility awareness methods must be made available to clients by the provider. 2. If the provider organization's clinical staff lack the specialized skills to provide Intra-Uterine Devices (IUD's) or subdermal contraceptives, or if there is insufficient volume to ensure and maintain high skill level for these procedures, clients must be referred to another qualified provider for these procedures. The provider must have an established referral arrangement, preferably with other FPEP providers, when making referrals for these procedures. 3. Clients should be able to get their first choice of contraceptive method unless there are specific contraindications.
D. Linguistic and Cultural Competence	<ol style="list-style-type: none"> 1. All services should be provided in a culturally sensitive manner and communicated in a language understood by the client. 2. All print and audiovisual materials should be appropriate in terms of the client's language and literacy level. A client's need for alternate formats must be accommodated.

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E. Access to Care	<ol style="list-style-type: none"> 1. Services covered by FPEP must be provided without cost to eligible clients. Patients must be advised in writing of any payment that may be required, including an estimation of that payment, for services beyond the scope of FPEP before those services are rendered. 2. Appointments for established clients should be available within a reasonable time period, generally less than two weeks. New clients who cannot be seen within this time period should be referred to other qualified providers in the area. 3. Contraceptive methods and emergency contraceptive must be available at the site of clinical services. Although not covered by FPEP, treatment and supplies for sexually transmitted infections should be available at the site, or by referral. 4. Referrals to local resources must be made available to clients whenever needed medical and psycho-social services are beyond the scope of the provider organization; including, but not limited to, domestic violence and substance abuse related services. Clients must also be made aware of available primary care services in the area. 5. All services must be provided to eligible clients without regard to age, marital status, race, parity, or disability. 6. All counseling and referral-to-care options appropriate to a positive or negative pregnancy test result must be provided in an unbiased manner, allowing the client full freedom of choice between prenatal care, adoption counseling or pregnancy termination services.

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F. Clinical and Preventive Services	<p>1. The scope of family planning services for women must include:</p> <ul style="list-style-type: none"> a.) a comprehensive health history, including health risk facts and a complete obstretical, gynecological, contraceptive, personal and family medical history; b.) a sexual health history, in conjunction with contraceptive counseling; c.) an initial physical examination which includes a breast and pelvic exam with Pap smears; d.) laboratory tests as medically indicated for screening or as part of a decision-making process for contraceptive choices; e.) provision of a broad range of FDA-approved contraceptive methods, devices, supplies, and procedures, including emergency contraceptive care; f) follow-up care for maintenance of a client's contraceptive method(s) or for change of method; g) information about providers available for meeting primary care needs and direct referral for needed medical services not covered by FPEP, including management of high-risk conditions and specialty consultation if needed; h) preventative and control services for communicable diseases, provided in conjunction with family planning services, including: <ul style="list-style-type: none"> i. testing and diagnosis as appropriate for a physical exam prior to starting a new contraceptive method; and ii. reporting of STIs, as required, to appropriate public health agencies for contact management, prevention, and control. <p>2. The scope of family planning and clinical preventative services for <u>men</u> must include:</p> <ul style="list-style-type: none"> a) counseling and education; b) sexual health risk assessments in conjunction with contraceptive counseling; and c) non-prescription contraceptive barrier methods and supplies.

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G. Education and Counseling Services	<p>1. The following elements comprise the required education and counseling services that must be provided to all family planning clients to clarify personal family planning goals while promoting optimal reproductive health:</p> <ul style="list-style-type: none"> a) Initial individual assessment, and re-assessment as needed, of the client's family planning educational needs and knowledge about reproductive health, including: <ul style="list-style-type: none"> i. a description of services and clinic procedures, including the pelvic exam and instructions for breast self-exam; ii. relevant reproductive anatomy and physiology, method options, and STI and HIV prevention; iii. Preventive health care, nutrition, preconception health maintenance, and pregnancy plans; iv. psycho-social issues, such as partner relationship and communication, risktaking, and decision-making; and v. where primary care services not covered by the program are available. b) Initial and all subsequent education and counseling sessions must be provided in a way that is understandable to the client and conducted in a manner that facilitates the client's integration of information for the promotion of positive reproductive health behaviors; c) an explanation of the results of the physical examination and the laboratory tests; d) information on where to obtain 24-hour emergency care services; e) the option of including a client's partner in the education/counseling session, and other services at the client's discretion; f) effective educational information that takes into account diverse cultural and socioeconomic factors of the client and the psycho-social aspects of reproductive health.

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<p>G. Education and Counseling Services (<i>Continued</i>)</p>	<p>2. Each client must be provided with adequate information to make an informed choice about family planning methods, including:</p> <ul style="list-style-type: none"> a) a verbal or written review of all FDA-approved contraceptive methods, including sterilizations and emergency contraception which address effectiveness, duration, side effects, complications, medical indications and contraindications, social and physical advantages, and disadvantages; <i>Documentation must be maintained in the client record.</i> b) a description of the implications and consequences of sterilization procedures; if provided; c) specific instructions for care, use, and possible danger signs for the selected method(s); <i>Documentation of informed consent must be maintained in the client record.</i> d) the opportunity for questions concerning procedures or methods; and e) written information about how to obtain services for family planning-related complications or emergencies. <p>3. Clinicians and other staff persons providing education and counseling should be knowledgeable about the psycho-social and medical aspects of reproductive health, and trained in patient counseling techniques. Staff must make referrals for more intensive counseling as indicated.</p>