

## Hospital Reproductive Health Services

In accordance with 2SSB 5602 (Laws of 2019), the purpose of this form is to provide the public with specific information about which reproductive health services are and are not generally available at each hospital.  
**Please contact the hospital directly if you have questions about services that are available.**

Hospital name:

Physical address:

City:

State:

ZIP Code:

Hospital contact:

Contact phone #:

**An acute care hospital may not be the appropriate setting for all reproductive health services listed below.**  
Some reproductive services are most appropriately available in outpatient settings such as a physician office or clinic, depending on the specific patient circumstances.

The following reproductive health services are generally available at the above listed hospital:

**Abortion services**

- Medication abortion
- Referrals for abortion
- Surgical abortion

**Contraception services**

- Birth control: provision of the full range of Food and Drug Administration-approved methods including intrauterine devices, pills, rings, patches, implants, etc.
- Contraceptive counseling
- Hospital pharmacy dispenses contraception
- Removal of contraceptive devices
- Tubal ligations
- Vasectomies

**Emergency contraception services**

- Emergency contraception - sexual assault
- Emergency contraception - no sexual assault

**Infertility services**

- Counseling
- Infertility testing and diagnosis
- Infertility treatments including but not limited to in vitro fertilization

**Other related services**

- Human immunodeficiency virus (HIV) testing
- Human immunodeficiency virus (HIV) treatment
- Pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prescriptions, and related counseling
- Sexually transmitted disease testing and treatment
- Treatment of miscarriages and ectopic pregnancies

**Pregnancy-related services**

- Counseling
- Genetic testing
- Labor and delivery
- Neonatal intensive care unit
- Prenatal care
- Postnatal care
- Ultrasound

**Comments; limitations on services; other services**

**Additional comments on next page**

Signed by:

Date (mm/dd/yyyy)



**Hospital Reproductive Health Services**

Hospital name:

**Additional comments; limitations on services; other services (*continued*)**

Signed by: \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_