

Please Insert Hospital Name

SERVICES PROVIDED

Please fill out this checklist to provide information regarding the services available at your hospital.

To the extent that services listed on this checklist are not provided at your hospital but are provided at facilities that are part of your broader hospital system (i.e. clinics or hospice center), please note in the comments where this service is provided.

Services	Yes	No	Policy Unclear	Comments
Contraceptive counseling and prescription for the purpose of pregnancy prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contraception provision for the purpose of non-contraceptive benefits including but not limited to cancer treatment, heavy periods, endometriosis, and fibroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provision of contraceptive devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Removal of contraceptive devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmacy dispenses contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency contraception to sexual assault survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency contraception irrespective of sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tubal ligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vasectomies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accurate information regarding abortions to people requesting such information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Full range of treatment options for miscarriages and ectopic pregnancies irrespective of whether there is a fetal heartbeat, including but not limited to: abortion, counseling about fetal viability, risks of continuing the pregnancy, and treatment options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CHECKLIST OF AVAILABLE SERVICES

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Use of methotrexate for the treatment of an ectopic pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abortion when requested by patient, whether emergent or not (If you provide abortions please advise whether there are any institutional restrictions in place that may limit the provision of this service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provider on call 24/7 who performs abortions in emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Internal process in place that ensures patients requesting abortion services are directed to providers at the hospital who are willing and able to provide these services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Referral system in place to refer patients to external providers who provide abortion services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infertility treatments, including but not limited to In Vitro Fertilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Palliative sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remove ventilator support, dialysis or other advanced life support for patients (or their surrogates) who choose to stop receiving such support (please note in the comments whether this policy includes patients in a persistent vegetative state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remove artificial hydration and nutrition for patients (or their surrogates) who choose to stop receiving such support (please note in the comments whether this policy includes patients in a persistent vegetative state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Palliative care/nursing support for patients who choose to stop eating and drinking to allow natural death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Deactivation of implanted cardiac device at patient request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Information regarding Washington's Death with Dignity Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensures patients who request assistance with Washington's Death with Dignity Act are referred to a supportive organization or provider (please note in the Comments any referral restrictions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allow health care providers to talk with patients about the Death with Dignity Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allow physicians to participate in Death with Dignity as consulting physicians on hospital premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allow physicians to participate in Death with Dignity as attending (prescribing physicians) on hospital premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allow pharmacy to fill prescriptions for Death with Dignity medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allow patients to ingest Death with Dignity medication on hospital premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Internal process in place that ensures patients requesting Death with Dignity services are directed to providers at the hospital that provide these services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HIV testing and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HIV/AIDS counseling that includes but is not limited to a discussion of pre-exposure prophylaxis and condom use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Counseling for intersexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Comprehensive anal health counseling and care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transgender health services, including but not limited to, genital reconstructive surgery and chest reconstructive surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transgender health services, including but not limited to prescriptions for appropriate medications and feminizing and masculinizing hormones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	