

# **ANNUAL REPORT**

## **Abortion- A Woman's Right to Know**

### **Report Year 2011**

#### **Annual Report Form Instructions**

**You are NOT required to submit a report form if you did not perform an abortion in a DCH licensed hospital or ambulatory surgical treatment center during the report year, January 1 through December 31.** The term 'abortion' means "the use or prescription of any instrument, medicine, drug, or any other substance or device with the intent to terminate the pregnancy of a female known to be pregnant". The term 'abortion' does not include "the use or prescription of any instrument, medicine, drug, or any other substance or device employed solely to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead unborn child who died as a result of a spontaneous abortion". The term 'abortion' also does not include "the prescription or use of contraceptives".

#### **Helpful Hints:**

- The report year is January 1 through December 31.
- Select (when prompted) the facility where you performed procedures. Select "other facility" if any of the facilities where you performed procedures does not appear in the selection list.
- If you performed procedures at more than one facility then you must fill out a report form for each facility where you performed procedures during the reporting period.
- Have your information ready for each facility where you performed procedures.
- Enter numbers without any commas or decimals.
- Enter total numbers for each item requested on the report form. Please enter zero if a specific item does not apply instead of leaving the box blank. A numeric value must be entered in each box in order for the report form to be properly submitted.

#### **Report Form:**

Part I and II of the form must be completed by all physicians who perform abortions in a licensed abortion facilities (i.e. abortions performed in DCH licensed hospitals and ambulatory surgical treatment centers). DCH generally licenses any health care facility where an abortion would be performed, unless it is performed in a physician's private office during the first trimester.

#### **Part I of Report Form - Parental Notification Requirements:**

**Part I of the report form collects data to comply with the parental notification requirements for induced abortions for unemancipated minors.** An 'unemancipated minor' means "any person under the age of 18 who is not or has not been married or who is under the care, custody, and control of such person's parent or parents, guardian, or the juvenile court of competent jurisdiction".

#### **Part II of Report Form - Informed Consent Requirements:**

**Part II of the form collects data from by physicians who perform an abortion on a minor or an adult in a DCH licensed facility.** A new report form must be completed for each DCH

licensed facility in which an abortion was performed. DCH generally licenses any health care facility where an abortion would be performed, unless it is performed in a physician's private office during the first trimester. You can visit the DCH Healthcare Facility Regulation Division website to determine whether a particular facility is licensed by DCH.  
[http://dch.georgia.gov/00/channel\\_title/0,2094,31446711\\_144097918,00.html](http://dch.georgia.gov/00/channel_title/0,2094,31446711_144097918,00.html)

### **Helpful Hint – Selecting “Other Facility”**

If you select the same facility more than once (i.e. the selection "other facility") then you must ADD the numbers to any existing answers already on the form (numbers you previously entered for a facility bearing the same "selected name" from the list of facilities), to create a "total number" for the facilities having the same "selected name", based on your selection from the facility selection box.

#### **For Example:**

You select the facility name "Other Facility" and enter 12 for question 1. Upon completing the form, you start a new form for another facility that does not appear in the selection list. So, you select "Other Facility" again and you proceed to the question and answer portion of the form. When the form appears, you find that the value 12 is already in the answer box for question 1.

Here is what you do: If you performed 9 procedures at this second "Other Facility" then ADD 9 to the existing 12, and enter **21** for the total procedures performed under the same name "Other Facility".

**Instructions for submitting data at the end of Part I or continuing to Part II will be listed at the end of the questions for Part I.**

**Upon completing a form, a confirmation window will pop up to let you know that your answers were submitted AND:**

- Offer you an opportunity to start a new form so you can report on any additional facilities where you performed procedures,
- Or allow you to proceed to log out to complete your reporting.

Additional information and clarification is provided in the Frequently Asked Questions that can be viewed at: <http://health.state.ga.us/wrtk/questions>

**Click the "Begin Reporting" button to begin.**

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#### Part I: Parental Notification Requirements

**Physician Name:**

**Facility:**

#### Notice to Parent or Guardian:

1. Total number of unemancipated minors, under the age of 18, whose parent or guardian was provided at least 24 hours by the physician or qualifies agent that an abortion is to be performed upon the minor, including the name and address of the place where the abortion will be performed.

##### **1.1 of that total, how many notices were provided:**

(a) in person:

Of that number, how many, to the best of the physician's knowledge, went on to obtain and abortion

##### **1.2 of that total, how many notices were provided:**

(b) by certified mail:

Of that total, how many, to the best of the physician's knowledge, went on to obtain an abortion

#### Notice to Appointed Guardian or Conservator:

1. Total number of unemancipated minors, under the age of 18, whose appointed guardian or conservator was provided at least 24 hours notice by the physician or qualified agent that an abortion is to be performed upon the minor, including the name and address of the place where the abortion will be performed.

##### **1.1. of that total, how many notices were provided:**

(b) by certified mail:

Of that total, how many, to the best of the physician's knowledge, went on to obtain an abortion

### **Notice to Parent or Guardian:**

2. Total number of written certifications received from parents or guardians acknowledging that he/she has been previously informed that minor was seeking an abortion and certifies that the abortion may proceed

### **Notice to Appointed Guardian or Conservator:**

2. Total number of written certifications received from appointed guardian or conservator acknowledging that he/she has been previously informed that minor was seeking an abortion and certifies that the abortion may proceed

### **Notice from Parent or Guardian:**

3. Total number of written certifications received from parents or guardians acknowledging that he/she has not been previously informed that minor was seeking an abortion and certifies that the abortion may proceed

### **Notice from Appointed Guardian or Conservator:**

3. Total number of written certifications received from appointed guardian or conservator acknowledging that he/she was not previously informed that minor was seeking an abortion and certifies that the abortion may proceed

### **Notice from Parent or Guardian:**

4. Total number of females upon whom the physician performed an abortion without providing notice to the parent that an abortion was to be performed on the minor

### **4.1 of that total, how many, to the best of the physician's knowledge did not:**

#### **Receive notice because:**

(a) petition for waiver of requirements filed by the minor

(b) a medical emergency existed that complicated the condition of the minor as to require an

immediate abortion

**Notice from Appointed Guardian or Conservator:**

4. Total number of females upon whom the physician performed an abortion without providing notice to the parent that an abortion was to be performed on the minor

**4.1 of that total, how many, to the best of the physician's knowledge did not:  
Receive notice because:**

- (a) petition for waiver of requirements filed by the minor
- (b) a medical emergency existed that complicated the condition of the minor as to require an immediate abortion

**Under Parent or Guardian's care:**

5. Total number of abortions performed upon a female by the physician after receiving judicial authorization

**Under Appointed Guardian or Conservator's care:**

5. Total number of abortions performed upon a female by the physician after receiving judicial authorization

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## Abortion- A Woman's Right to Know

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#### Part II: Informed Consent Requirements

**Physician Name:**

**Facility:**

1. Total number of females to whom the physician provided information, 24 hours before the abortion, concerning the medical risks associated with abortion procedure to be employed when medically accurate, the probable gestational age of the unborn child at the time the abortion is to be performed and the medical risk associated with carrying the unborn child to term

1.2. of this total number above how many females were provided information

(a) In person

By referring physician

By physician performing abortion

(b) By telephone

By referring physician

By physician performing abortion

(c) By certified mail

By referring physician

By physician performing abortion

2. Total number of females to whom the physician or qualified agent provided information indicating that medical assistance benefits may be available for prenatal care, childbirth and neonatal care; that the father will be liable to assist in the support of her child; and that she has the right to review printed materials that describe the unborn child. List agencies that provide alternatives to abortion, and contain information on fetal pain, and that these materials are available on a state sponsored website

2.1. of this total number how many females were provided information:

(a) Via telephone

By referring physician

By qualified agent of referring physician

By physician performing the abortion

By qualified agent of physician performing the abortion

By physician performing abortion

By qualified agent of physician performing the abortion

(a) In person

By referring physician

By qualified agent of referring physician

By physician performing the abortion

By qualified agent of physician performing the abortion

3. Total number of females who obtained a copy of printed information by means other than website

3.3. of this total, state the number that, to the best of the physician's knowledge, went on to obtain an abortion after receiving printed information

4. Total number of females who did not obtain a copy of the printed information by means other than the website

4.1. of this total, the number of females, to the best of the physician's information and belief, went on to obtain the abortion

5. Total number of females who certified in writing, prior to the abortion, that the information in items #1 and #2 was furnished and that she has been informed of her opportunity to review the information

6. Total number of females who were provided the opportunity to view the fetal image.

6.1. Of this total, the number of females who elected to view sonogram.

7. Total number of females who were provided the opportunity to hear the fetal heartbeat, if present.

7.1 Of this total, the number of females who elected to listen to the fetal heartbeat, if present.