

CHECKLIST OF AVAILABLE SERVICES

Do you provide the following services at your facility? (For purposes of this checklist the term “facility” includes but is not limited to hospitals, hospital owned clinics and hospital owned physician practice groups)

In instances where the answer is sometimes, please provide detailed descriptions of the circumstances under which you do not provide the service.

Services Provided	Provide	Never Provide	Sometimes Provide	Policy Unclear	Comments
Contraceptive counseling and prescription for the purpose of pregnancy prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contraception provision related to drug trials	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Provision of contraceptive devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Removal of contraceptive devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmacy dispenses contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tubal ligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vasectomies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Treatment of miscarriages and ectopic pregnancies, including but not limited to, counseling about fetal viability, risks of continuing the pregnancy, and treatment options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Termination of a pregnancy when there is a fetal heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of methotrexate for the treatment of an ectopic pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abortions 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"/>	<input type="checkbox"/>	

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Provider on call 24/7 who is willing to perform abortions in emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Information regarding abortions to women requesting such information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency contraception in compliance with RCW 70.41.350. If yes, is an ovulation or pregnancy test required prior to dispensing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency contraception irrespective of sexual assault. If yes is an ovulation or pregnancy test required prior to dispensing?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Honor advance directives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Palliative sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remove ventilator support, dialysis or other advanced life support for patients who choose to stop receiving such support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remove artificial hydration and nutrition for patients who choose to stop receiving such support	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Deactivation of implanted cardiac device at patient request	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Direct referrals to supporting organizations or providers to assist a patient in using Washington's Death with Dignity Act (please note in the Comments any referral restrictions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allow non-employed physicians with hospital privileges, who are contracted, lessees or have other arrangements, to participate in Washington's Death with Dignity Act on facility premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Allow employed physicians to participate in Death with Dignity as consulting physicians on facility premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allow employed physicians to participate in Death with Dignity as attending (prescribing) physicians on facility premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmacy dispenses Death with Dignity medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patients may ingest Death with Dignity medication on hospital premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HIV treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HIV/AIDS counseling that includes discussion of condom use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Counseling for intersexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anal health counseling and care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transgender health services, including but not limited to, genital reconstructive surgery; chest reconstructive surgery; and prescriptions for appropriate medications and feminizing and masculinizing hormones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	