



MARK B HORTON, MD, MSPH
Director

State of California—Health and Human Services Agency
California Department of Public Health



ARNOLD SCHWARZENEGGER
Governor

September 7, 2007

AFL 07-16

TO: ALL HEALTH FACILITIES

SUBJECT: STERILIZATION CONSENT FORM (PM 284)

Effectively immediately, health facilities may obtain the Sterilization Consent Form (PM 284), copy enclosed, from the California Department of Public Health (CDPH) (formerly known as Department of Health Services).

To obtain a supply of the Sterilization Consent Form (PM 284) submit your request to the California Department of Health Care Services (CDHCS) Warehouse using order form (CDHCS 2031).

The CDHCS Order Form may be obtained by:

- Mailing a request, using provider letterhead, to the CDHCS Warehouse at the following address:

California Department of Health Care Services Warehouse
1037 North Market Blvd, Suite 9
Sacramento, CA 95834-1917

- Faxing a request, using provider letterhead, to (916) 928-1326, or
- Downloading the form at www.cdph.ca.gov/Inc/org/default.htm

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The CDPH, Licensing and Certification (L&C) Program has acquired responsibility for the Sterilization Consent Form (PM 284) from the Family PACT (Planning, Access and Treatment) Program, Office of Family Planning Branch. If you have questions regarding the Sterilization Consent Form, please contact your local CDPH, L&C district office.

Sincerely,

Original Signed by Pamela Dickfoss for Kathleen Billingsley, R.N.

Kathleen Billingsley, R.N.
Deputy Director
Center for Healthcare Quality

Enclosure