

## State of Alaska Informed Consent for Pregnancy-Related Services Website

*Note: By completing and submitting this form, you are agreeing to have you/your agency listed on this website per the information provided below.*

**STEP 1.** Indicate the Alaska Economic Region in which you/your agency is located (check one option only):

- Northern Region     
  Interior Region     
  Southwest Region     
  Anchorage/Mat-Su Region  
 Gulf Coast Region                     
  Southeast Region

**STEP 2.** Your agency, facility or clinic provides the following type(s) of service(s) to pregnant women (check all that apply):

- Clinical OB/GYN services, including prenatal care, designed to assist a woman in carrying her pregnancy to term, provided by an MD, PA, ANP or Nurse Midwife licensed to practice in Alaska;  
 Licensed adoption service, designed to assist a woman with a legal adoption after giving birth;  
 Abortion services; clinical services designed to assist a woman who chooses an abortion, provided by a licensed clinician authorized by AS 18.16 to perform this service in Alaska;  
 Pre- and/or post-abortion counseling by:  
      a licensed or certified social worker or counselor  
      a trained (unlicensed/ uncertified) counselor, paid or volunteer  
 Clinical family planning services, including counseling for appropriate family planning methods and provision of contraceptives;  
 Referral services designed to assist a pregnant woman seeking any of the above services offered by qualified professionals or facilities;

**STEP 3.** Update your agency information below:

The “Agency Reference Number” (ARN) you list below will help us maintain accurate information for you and/or your agency with regard to this website. You can find your ARN in the website updates letter mailed or emailed to you or your agency. If you do not have/do not know the ARN, please leave blank.

<b>Agency Reference Number:</b>			
<b>Agency/Facility Name:</b>			
Will not be listed on website	<b>ATTN/Contact Person:</b>		
	<b>Email address:</b>		
	<b>Mailing Address:</b>		
	<b>City, State Zip:</b>		
<b>Physical Address (street, suite #):</b>			
<b>City, State, Zip:</b>			
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Website address:</b>			
<b>For future updates, you prefer to be contacted by... (check one)</b>		<input type="checkbox"/> Postal mail	OR <input type="checkbox"/> email

**STEP 4.** Please return your completed survey using one of the following methods:

- FAX, **ATTN: Kelly Keeter** at (907)269-3465
- Scan this completed form and attach to an email message addressed to [informedconsent@alaska.gov](mailto:informedconsent@alaska.gov);

Thank you for helping us keep this important resource up-to-date.