

## AVISO LEGAL PARA PERSONAL MÉDICO ACERCA DE LA PRESCRIPCIÓN DE ANTICONCEPTIVOS O ESTERILIZACIÓN

Tengo derecho a decidir los tratamientos que necesito para mi salud personal. **Declaro que no quiero recibir ningún tipo de presión o recomendación para utilizar anticonceptivos o llevar a cabo procedimiento de esterilización o de aborto.** Esto sería contra mis convicciones personales y morales y un atentado a mis derechos de paciente.

Por razones médicas y por mis derechos de conciencia y libertad religiosa me niego a recibir cualquier tipo de coerción, a través de conversaciones, recomendaciones médicas o intimidación por parte de personal médico como forma de presión para utilizar anticonceptivos de cualquier tipo, esterilización o aborto.

En caso de estar embarazada y me llegara a encontrar en una condición médica de crisis, quiero tratamiento para mantenerme viva y que se haga todo lo posible médicamente para proteger la vida de mi hijo (embrión / feto) para que se desarrolle hasta el momento de su nacimiento con la aplicación continua de cuidados médicos para **mantenernos a ambos con vida.**

**Si mis derechos de paciente no son respetados por el personal de la institución médica, yo ejerceré acciones legales. Tal acción legal puede ser llevada a cabo también por mis representantes o familiares.**

Nombre \_\_\_\_\_ Firma \_\_\_\_\_ Fecha \_\_\_\_\_

Para mayor información de los derechos del paciente contactar a:

The Justice Foundation [www.thejusticefoundation.org/cafa/](http://www.thejusticefoundation.org/cafa/)

Alliance for Defending Freedom International (ADF) [www.adflegal.org](http://www.adflegal.org) The Justice Foundation

**Comisión Nacional de Arbitraje Médico (Conamed). Teléfonos: (01-55) 5420-7000, en la Ciudad de México y 01-800-711-0658 para el resto del país.**

**La Carta de los Derechos de los pacientes incluye en cada uno de sus artículos el fundamento legal que garantiza lo siguiente:**

**ART. 2) RECIBIR TRATO DIGNO Y RESPETUOSO** La paciente o el paciente tiene derecho a que el médico, la enfermera y el personal que le brinden atención médica, se identifiquen y le otorguen un trato digno, con respeto a sus convicciones personales y morales, principalmente las relacionadas con sus condiciones socioculturales( Ley General de Salud Artículos 51 y 83. Reglamento de la Ley General de Salud en materia de prestación de servicios de atención médica. Artículos 25 y 48)

**ART. 4) DECIDIR LIBREMENTE SOBRE SU ATENCIÓN** La paciente o el paciente, o en su caso el responsable, tienen derecho a decidir con libertad, de manera personal y sin ninguna forma de presión, aceptar o rechazar cada procedimiento diagnóstico o terapéutico ofrecido, así como el uso de medidas extraordinarias de supervivencia en pacientes terminales. (Reglamento de la Ley General de Salud en materia de prestación de servicios de atención médica. Artículo 80. NOM-168SSA1-1998, del Expediente Clínico. Numerales 4.2 y 10.1.1 Anteproyecto del Código — Guía Bioética de Conducta Profesional de la SSA, Artículo 4, fracción 4.3 "Declaración de Lisboa de la Asociación Médica Mundial sobre los Derechos del Paciente" del 9 de enero de 1995, apartado C del punto número 10.)

**ART. 5) OTORGAR O NO SU CONSENTIMIENTO VÁLIDAMENTE INFORMADO** La paciente o el paciente, o en su caso el responsable, en los supuestos que así lo señale la normativa, tiene derecho a expresar su consentimiento, siempre por escrito a procedimientos que impliquen un riesgo, para lo cual deberá ser informado en forma amplia y **DECIDIR LIBREMENTE SOBRE SU ATENCIÓN OTORGAR O NO SU CONSENTIMIENTO VÁLIDAMENTE INFORMADO.** ( Ley General de Salud. Artículos 100 Fracc. IV 320 y 321. Reglamento de la Ley General de Salud en materia de prestación de servicios médicos. Artículos 80 y 81. NOM-168 -SSA1-1998, del Expediente Clínico. Numerales 4.2 y 10.1.1)

**PATIENTS'S LEGAL STATEMENT FOR MEDICAL PERSONNEL  
REGARDING PRESCRIPTION OF CONTRACEPTIVES, STERILIZATION AND ABORTION.**

I have the right to decide the treatments I need for my personal health. I declare that I do not want to receive any type of pressure or recommendation to use contraceptives or to have an sterilization or abortion procedure. This type of recommendations are against my personal and moral convictions and any type of coercion would be a violation of my rights as a patient to decide the medical care I want for myself..

For medical reasons and rights of conscience I refuse any type of coercion, thru conversations, medical recommendations or intimidation by medical personnel to use contraception, or to have an sterilization or an abortion.

If I am known to be pregnant and if I suffer a medical crisis, I do want life-sustaining treatment **for both of us** if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment.

If my patient rights are not respected by medical personnel I will seek legal action thru a lawsuit if I consider that my rights are being violated. My representatives or family members can also take such legal action if necessary.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

For more information about Patients Rights you can contact:

Alliance for Defending Freedom [www.allaincefordefendingfreedom.org](http://www.allaincefordefendingfreedom.org)

The Justice Foundation [www.thejusticefoundation.org/cafa/](http://www.thejusticefoundation.org/cafa/)

*All patients should be guaranteed the following freedoms:*

- *To be treated confidentially, with access to their records limited to those involved in their care or designated by the patient;*
- *To refuse medical treatment even if it is recommended by their physician(s);*
- *To be informed about their medical condition, the risks and benefits of treatment and appropriate alternatives;*
- *To refuse third-party interference in their medical care, and to be confident that their actions in seeking or declining medical care will not result in third-party-imposed penalties for patients or physicians;*
- *To receive full disclosure of their insurance plan in plain language, including:*
  1. *CONTRACTS: A copy of the contract between the physician and health care plan, and between the patient or employer and the plan;*
  2. *INCENTIVES: Whether participating physicians are offered financial incentives to reduce treatment or ration care;*
  3. *GAG RULE: Whether physicians are subject to a gag rule, preventing criticism of the plan.*

Association of American Physicians and Surgeons, Inc

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## **The Consumer Bill of Rights and Responsibilities**

. This bill of rights addresses 8 key areas:

### **Information for patients**

You have the right to accurate and easy-to-understand information about your health plan, health care professionals, and health care facilities. If you speak another language, have a physical or mental disability, or just don't understand something, help should be given so you can make informed health care decisions..

### **Access to emergency services**

If you have severe pain, an injury, or sudden illness that makes you believe your health is in danger, you have the right to be screened and stabilized using emergency services. You should be able to use these services whenever and wherever you need them, even if they're out of your network, without needing to wait for authorization and without any financial penalty.

### **Taking part in treatment decisions**

You have the right to be informed about your treatment options and take part in decisions about your care. You have the right to ask about the pros and cons of any treatment, including no treatment at all. As long as you are able to make sound decisions, you have the right to refuse any test or treatment, even if it means you might have a bad health outcome as a result. You can also legally choose someone who can speak for you if you cannot make your own decisions.

### **Respect and non-discrimination**

You have a right to considerate, respectful care from your doctors, health plan representatives, and other health care providers that does not discriminate against you based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment.

### **Confidentiality (privacy) of health information**

You have the right to talk privately with health care providers and have your health care information protected. You also have the right to read and copy your own medical record. You have the right to ask that your doctor change your record if it's not correct, relevant, or complete.

### **Complaints and appeals**

You have the right to a fair, fast, and objective review of any complaint you have against your health plan, doctors, hospitals, or other health care personnel. This includes complaints about waiting times, operating hours, the actions of health care personnel, and the adequacy of health care facilities.

## **INSTRUCCIONES**

- 1. Haga dos copias y firmelas. Entregue una copia a su medico y otra para usted.**
- 2. SI USTED HA SIDO VICTIMA DE ACOSO PARA UTILIZAR ANTICONCEPTIVOS, ESTERILIZARSE O TENER UN ABORTO Y NECESITA MAS INFORMACION SOBRE LAS ORGANIZACIONES QUE LE PUEDEN AYUDAR A HACER UN REPORTE O UNA DENUNCIA CONTACTE A**

**[vocesporlavida.org](http://vocesporlavida.org)**

## **INSTRUCTIONS**

- 1. Make 2 copies of the document and sign them. Give one to your doctor and keep one for your records.**
- 2. If you are a victim of harassment or pressure to use contraception,sterilization or get an abortion and need more information about the organizations that can help you file a complaint, you can contact**

**[www.vocesporlavida.org](http://www.vocesporlavida.org)**