



1.1 VOLUNTARY PARTICIPATION

POLICY:

A Title X project must provide without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning (42 CFR § 59.5(a)(2)); ensure that acceptance of services is solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the recipient (Sections 1001 and 1007, PHS Act; 42 CFR § 59.5(a)(2))

42 U.S.C. 300a-8 provides any officer or employee of the United States, officer or employee of any State, political subdivision of a State, or another entity, which administers or supervises the administration of any program receiving federal financial assistance, or person who receives, under any program receiving federal assistance, compensation for services, who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving federal financial assistance shall be fined not more than \$1,000 or imprisoned for not more than one year, or both. (42 U.S.C. § 300a-8, as set out in 42 CFR § 59.5(a)(2) footnote 1)

Link to QFP: Client-Centered Counseling

A core premise of Recommendations for Providing Quality Family Planning Services is that quality services are client-centered, including providing services voluntarily.

PROCEDURE:

Subrecipients must institutionalize administrative procedures (i.e., staff training, clinical protocols and consent forms) to ensure clients receive services on a voluntary basis, and clients' receipt of family planning services is not used as a prerequisite to receipt of other services from the service site.

Service sites must provide client-centered counseling, which includes:

- Establish and maintain rapport with the client,
- Assess the client's needs and personalize discussions accordingly,
- Work with the client interactively to establish a plan,
- Provide information that can be understood and retained by the client, and
- Confirm client understanding. These principles are useful when developing counseling protocols that ensure voluntary participation.

Observation of the counseling process, including Information & Education (I & E) material provided, at service sites, demonstrates that the five principles of quality counseling are utilized when providing family planning services.



Staff working within the family planning project must be informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure.

Documentation at service sites demonstrates (e.g., staff circulars, training curriculum and records) that staff have been informed at least once during the current project period of this requirement.

Personnel working on the family planning project must sign the ND FPP Statement of Understanding annually.

Each client must sign the ND FPP Request to Receive Family Planning Screening Services form prior to receiving services.

RESOURCES:

ND FPP Statement of Understanding

<https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/FAMILYPLANNINGSTATEMENTOFUNDERSTANDING.pdf>

Patient Bill of Rights <https://rhntc.org/resources/sample-patient-bill-rights>

ND FPP Policy 1.7 Staff Training and Project Technical Assistance

ND FPP Request to Receive Family Planning Services form <https://www.hhs.nd.gov/cfs/family-planning/grantees/consent-for-fps>

QFP manual [rr6304.pdf \(cdc.gov\)](#)