Medical Abortion Post Operative Instructions
Potomac Family Planning Center
Jackson Place North 966 Hungerford Drive Suite 24 Rockville, MD 20850

In case of an emergency please call:
• During normal business hours................................. (800) 260-2464
• After hours (Medical Bureau will page the doctor)......... (800) 301-2615

IMPORTANT THINGS TO KNOW:
1. Bleeding MAY begin after taking Mifepristone in our office.
2. When you use Misoprostol at home you will experience bleeding, heavier than a normal period. Have someone with you.
3. You may experience cramping which will become most intense during expulsion, commonly a 1-3 hour period. Afterwards the pain usually subsides. You may expect bleeding or spotting for an average of 9-16 days.
4. It is not uncommon to have a headache, feel nauseous, vomit or have diarrhea.
5. For 14 days you should not have intercourse, use tampons, take baths, douche, swim or engage in strenuous activity. You may take showers.
6. Take your temperature each morning and evening for the next five days. If it is 100.4 degrees for more than four hours, contact the center immediately.
7. Take all prescribed medication as directed by the physician.
8. Do not drink alcoholic beverages of any type.

IF YOU EXPERIENCE ANY OF THE FOLLOWING CALL:
• Temperature above 100.0 degrees for more than four hours soon after using misoprostol.
• Soaking 2 sanitary pads per hour for 2 consecutive hours.
• Bleeding heavily for more than 12 hours in a row.
• Passing clots larger than lemons.
• **NO** bleeding within 24 hours after using misoprostol.
• Allergic reaction to any medication (itching, rash or hives).
• Severe pain not relieved by pain medication.
• Foul odor after inserting vaginal suppositories

_________________________ will be with me when I use the misoprostol.

My follow up appointment is scheduled for ____________________. If I am unable to make it to my follow I will call the center to re-schedule.
I may be reached at this number: ____________________.

_________________________________  _______________________
PATIENT’S SIGNATURE  DATE

Potomac Family Planning Center
Notice of privacy practices for protected health information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Potomac family Planning Center (PFPC) is committed to protecting the privacy of your health record and confidentiality of your visit. Your healthcare record, known as a chart, and the information it contains will not be disclosed to anyone or any agency outside of PFPC without written authorization from you unless such a release is required by law.

PFPC will use your health information for the purpose of:

• Treatment: for example, information obtained by staff will be used to determine your best course of treatment.
• Payment: for example, a bill may be sent to your insurance company with information that identifies you, as well as your diagnosis and procedure.
• Healthcare Operations: for example, PFPC may share your information with other healthcare providers to assist them in helping you. For example, if you got to your private doctor or clinic for your check-up.
• We may disclose your medical information as required by law. For example, to the Food and Drug Administration (FDA) relative to adverse events such as product defects or product recalls.
• To public health or legal authorities charged with preventing or controlling disease, injury, domestic abuse, child abuse, or neglect.
• For Law enforcement purposes such as in response to a valid subpoena.

Your Health Information Rights
Although your health record is the physical property of PFPC, you have the right to:

• Request a restriction on certain uses and disclosures of your information
• Obtain a copy of your health record and an accounting of disclosures of your health information
• Revoke your authorization to use or disclose health information except to the extent that action has already been taken. All requests must be in writing.

PFPC reserves the right to change practices and to make the new provisions effective for all protected health information we maintain. Should PFPC’s information practices change, we will post the changes in the clinic and on our website.

For more information or to report a problem
If you have questions, or if you want to report a problem, please contact PFPC’s Privacy Officer, (301) 251-9124. Complaints may also be filed with the Secretary of Health and Human Services, (866) 627-7748