

# **Hospital Reproductive Health Services**

In accordance with 2SSB 5602 (Laws of 2019), the purpose of this form is to provide the public with specific information about which reproductive health services are and are not generally available at each hospital.

Please contact the hospital directly if you have questions about services that are available.

Hospital name: Providence Holy Family Hospital

Physical address: 5633 N. Lidgerwood Street

City: Spokane State: WA ZIP Code: 99208

Hospital contact: Susan Scott Contact phone #: 509-482-0111

An acute care hospital may not be the appropriate setting for all reproductive health services listed below.

Some reproductive services are most appropriately available in outpatient settings such as a physician office or clinic, depending on the specific patient circumstances.

The following reproductive health services are generally available at the above listed hospital:

#### **Abortion services**

- □ Medication abortion
- □ Referrals for abortion
- □ Surgical abortion

## **Contraception services**

- Birth control: provision of the full range of Food and Drug Administration-approved methods including intrauterine devices, pills, rings, patches, implants, etc.
- ✓ Contraceptive counseling
- ☐ Hospital pharmacy dispenses contraception
- ✓ Removal of contraceptive devices
- □ Tubal ligations
- □ Vasectomies

#### **Emergency contraception services**

- ✓ Emergency contraception sexual assault
- ☐ Emergency contraception no sexual assault

#### Infertility services

- ✓ Counseling
- ✓ Infertility testing and diagnosis
- □ Infertility treatments including but not limited to in vitro fertilization

#### Other related services

- ✓ Human immunodeficiency virus (HIV) testing
- ✓ Human immunodeficiency virus (HIV) treatment
- Pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prescriptions, and related counseling
- ✓ Sexually transmitted disease testing and treatment
- ✓ Treatment of miscarriages and ectopic pregnancies

## **Pregnancy-related services**

- ✓ Counseling
- □ Genetic testing
- ✓ Labor and delivery
- □ Neonatal intensive care unit
- ✓ Prenatal care
- ✓ Postnatal care
- ✓ Ultrasound

#### Comments; limitations on services; other services

Some services listed on this form may be provided when medically indicated.

Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available.

Additional comments on next page

Signed by:

Date (mm/dd/yyyy)



# **Hospital Reproductive Health Services** Hospital name: Providence Holy Family Hospital Additional comments; limitations on services; other services (continued) Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman [patient] are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child. The services listed here occur within the privacy of the patient-provider relationship and may be affected by the independent agency of the provider.

Date (mm/dd/yyyy)

Signed by: SUSan