

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: Whidbey Health	Medical Center
Physical address: 101 N. Main St	
city: Coupeville	State: WA ZIP Code: 018239
Hospital contact: Tabitha Sierra	Contact phone #: 360 (078 7656 ext 470
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	Other related services
▶ Medication abortion	☐ Human immunodeficiency virus (HIV) testing
№ Referrals for abortion	Human immunodeficiency virus (HIV) treatment
Surgical abortion	Pre-exposure prophylaxis (PrEP), post-exposure
	prophylaxis (PEP), prescriptions, and related counseling
Contraception services	Sexually transmitted disease testing and treatment
Birth control: provision of the full range of Food and Orug Administration-approved methods including	Treatment of miscarriages and ectopic pregnancies
intrauterine devices, pills, rings, patches, implants, etc.	Pregnancy-related services
Contraceptive counseling	Counseling
hospital pharmacy dispenses contraception	g Genetic testing
Removal of contraceptive devices	'Q' Labor and delivery
∆ Tubal ligations	Neonatal intensive care unit
□ Vasectomies	Prenatal care
Emergency contraception services	∖q`Postnatal care ∖q Ultrasound
Emergency contraception - sexual assault	
Emergency contraception - no sexual assault	Comments; limitations on services; other services
Infertility services	
च Counseling	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
মু Infertility testing and diagnosis	
□ Infertility treatments including but not limited to	392
in vitro fertilization	Additional comments on next page
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Signed by:	Date (mm/dd/yyyy)