



CONFIDENTIAL

Medical Emergency Abortion Incident Report Form

Name of Facility: _____
Address: _____
Contact Person: _____
Telephone: _____ Email: _____
Facility License #: _____ License Type: _____

Reporting Information – (medical emergency must be certified within 30 days):

Pursuant to Family Code, Section 33.002, and Health and Safety Code Sections 171.0124 and Section 285.202, a physician may perform an abortion without obtaining informed consent (and notice for minors) in a medical emergency. A physician who performs an abortion in a medical emergency shall:

- (1) include in the patient’s medical records a statement signed by the physician certifying the nature of the medical emergency; and**
- (2) not later than the 30th day after the date the abortion is performed, certify to the Texas Health and Human Services Commission the specific medical condition/indications that constituted the emergency.**

For purposes of this physician reporting requirement, a medical emergency abortion shall be considered an incident.

- 1. Date of this report: _____
- 2. Date of Medical Emergency Abortion: _____
- 3. Please describe or explain the specific medical condition or indication that constituted the emergency (*attach a separate sheet if necessary*):

I, (*physician’s printed name*) _____, hereby certify that the specific medical condition described in this report constituted a medical emergency.

Physician’s Signature: _____ Date: _____

Submit this form **via certified mail and marked confidential within 30 days** of the incident to:
Center for Analytics and Decision Support
Texas Health and Human Services Commission
P. O. Box 4124
Austin, Texas 78765-4124