Visit or Call a Clinic

1. Name of clinic _____

2. Address and phone number of clinic_____

   _____

3. Clinic is open from _____ a.m. to _____ p.m. _____ days a week.

4. The following services are available at this clinic:

   Birth control _____ Prenatal care _____ STD treatment _____

   Pregnancy tests _____ Sterilization _____ Counseling _____

   HIV antibody test _____

5. A routine examination or consultation about birth control information costs $ _____

6. Most states have laws that clinics can't disclose information about clients without written consent, including whether or not clients visit the clinic. This is called "client confidentiality." This clinic's confidentiality policy is as follows:

   _____

   _____

   _____

7. Besides English, the following languages are spoken at this clinic: _____

   _____

8. I felt the following level of comfort in this clinic (include such things as decor, friendliness of staff, magazines/pamphlets available in the waiting room, etc.

1	2	3	4
Very comfortable	Fairly comfortable	Somewhat comfortable	Uncomfortable

9. I would/wouldn't tell a friend to visit this clinic for an examination/information consultation about protection. Write two sentences telling why or why not. _____

   _____

   _____

10. Something I learned at this clinic is_____

    _____

    _____

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