Exhibit G
4.) If the UC has not had her ultrasound yet, she should do so at the following place: http://www.cpcphoenix.org/ If she has had it, she does not need an additional ultrasound, but the grantee / field staff should set up a session of options counseling there.

5.) After the options counseling, if the UC still desires the abortion, and it is still within the window for a legal abortion, the UC must obtain parental consent, which will necessitate options counseling with them, plus signed, notarized declaration of consent.

6.) The UC should not be meeting with an attorney regarding her termination or otherwise pursuing judicial bypass at this point.

Please continue to update us as the stated guidance is being followed.

If you have any questions please feel free to contact [email redacted] or me.

Jonathan

From: White, Jonathan (ACF)
Sent: Friday, March 24, 2017 12:04 PM
To: [email redacted]
Cc: [email redacted]; [email redacted]; [email redacted]
Subject: FW: Heads up: UC requesting pregnancy termination

I am writing to provide follow-up guidance from HHS Policy Team on the UC at SWK Casa Las Palmas who has requested abortion services [email redacted]

Please see guidance below from Scott Lloyd. It covers next steps. Please let me know if you have any questions but please communicate with the medical provider and management of the shelter regarding these next steps. Don’t hesitate to let me know any questions and please have SWK continue to update as plan elements are implemented. It sounds like gestational age is the next big question.

Thank you.

Jonathan

From: Lloyd, Scott (ACF)
Sent: Friday, March 24, 2017 11:21 AM
To: White, Jonathan (ACF)  
Cc: Tota, Kenneth (ACF); Bowman, Matthew (HHS/OGC)  
Subject: RE: Heads up: UC requesting pregnancy termination

Jonathan,

As things stand now, the unborn child is a child our care, so the medical team should continue with standard prenatal care, as I believe is already the procedure.

It looks like there are issues in addition to the pregnancy, as she mentioned suicide and the clinician describes her demeanor as “obnoxious” and “sad.” Clinician should work to identify any pressures that might be leading her to desire termination (does she feel pressure to get to work, is there emotional abuse, etc.) and what is leading to her sadness and anger. I am sure some of this work has already commenced, but it bears mention.

Along these same lines, let’s make sure that she is aware of the option of having spiritual counseling that is sensitive to her religious preference.

Additionally, if she has not had her ultrasound yet, she should do so at the following place: http://www.cpcphoenix.org/  
If she has had it, she does not need an additional ultrasound, but the grantee / field staff should set up a session of options counseling there.

Once we know the gestational age, that will be material, as it may already be too late to legally obtain an abortion.

After the options counseling, if she still desires the abortion, and it is still within the window for a legal abortion, she must obtain parental consent, which will necessitate options counseling with them, plus signed, notarized declaration of consent.

She should not be meeting with an attorney regarding her termination or otherwise pursuing judicial bypass at this point.

We’ll work on formalizing these procedures, but we’ll have to do it ad hoc for now.

Thank you,
Scott

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E. Scott Lloyd
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(202) 868-9192 (cell)
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