

Hospital Reproductive Health Services		
about which reproductive health services a	ose of this form is to provide the public with specific information are and are not generally available at each hospital. I have questions about services that are available.	
Hospital name: WhidbeyHealth Medical Center		
Physical address: 101 N. Main Street		
City: Coupeville	State: WA ZIP Code: 98239	
Hospital contact: Tabitha Sierra	Contact phone #: 360-678-7656	
Some reproductive services are most appropriately available on the specific control of the specific co	te setting for all reproductive health services listed below. ailable in outpatient settings such as a physician office or clinic, pecific patient circumstances.	
The following reproductive health services	are generally available at the above listed hospital:	
Abortion services	Other related services	
	Human immunodeficiency virus (HIV) testing	
ប់ Referrals for abortion	Human immunodeficiency virus (HIV) treatment	
	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 Drug 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	✓ Genetic testing	
Removal of contraceptive devices	Labor and delivery	
✓ Tubal ligations	□ Neonatal intensive care unit	
✓ Vasectomies	Prenatal care	
	Postnatal care	
Emergency contraception services	✓ Ultrasound	
É Emergency contraception - sexual assaultÉ Emergency contraception - no sexual assault	Comments; limitations on services; other services	
Infertility services		
✓ Infertility testing and diagnosis		
Infertility treatments including but not limited to		
in vitro fertilization	Additional comments on next page	
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Jalitha Sierra.	03/13/2025	
Signed by:	Date (mm/dd/yyyy)	



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Hospital name:		
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Signed by:	of December 1	Date (mm/dd/yyyy)	