

[Official Institution Logo]



Policy for Discussion of Sexual Counseling Regarding Sexual Dysfunction

Date Effective: MM/DD/YYYY

Type of Policy: Please indicate if this document is hospital policy or ACHD program policy/clinical guideline.

Purpose

Indicate why this policy is in place and the population it benefits.

Policy Statement

State the actual policy for discussion of sexual counseling regarding sexual dysfunction. This statement can be a brief overview of the policy but please reference the specific challenges that ACHD patients face regarding sexual dysfunction.

Procedures

Describe the procedures and methods utilized to ensure that ACHD patients receive counseling regarding sexual dysfunction. Please include details about:

- Frequency of sexual dysfunction counseling (i.e., what visits)
- Personnel involved in discussions
- Tests/procedures performed
- Topics discussed:
 - Sexual activity
 - Psychological disorders
- Referral process to specialist providers
- Relationship between ACHD providers and PCP/specialist providers

References

If applicable, please list any articles or other resources utilized to develop your institution's policy for discussion of sexual counseling regarding dysfunction.

Required Signatures

This document requires signatures from specific personnel. Please note that we require signatures from **ALL** individuals listed below in order for the document to be valid:

- Medical Program Director of ACHD
- Head of Maternal Fetal Medicine (MFM)

Helpful Tips

Please upload any documentation or examples of the above policy to the "additional files" section of your application.

Section R: Reproductive Services. These documents should be labeled with "**R4**" only in the title so that each policy/plan can be easily identified.