DOH 349-033 JAN 2024 Eng

Authorization#: _____ **BCCHP/WISEWOMAN#:** _____

Breast, Cervical and Colon Health Program and WISEWOMAN Consent

PROGRAM DESCRIPTION

The **Breast, Cervical and Colon Health Program (BCCHP)** and the **Well-Integrated Screening and Evaluation for Women across the Nation (WISEWOMAN)** is a joint effort by health providers, the Washington State Department of Health (DOH), and the Centers for Disease Control and Prevention (CDC) to support screening for breast and cervical cancer, heart disease, and stroke.

The purpose of **BCCHP** is to find cancer early so it can be prevented or treated. Screening for breast cancer includes a breast exam and breast x-ray called a mammogram. Screening for cervical cancer includes a pelvic exam and taking a sample of cells from the cervix (opening of the uterus/womb) called a Pap and HPV test.

The purpose of the **WISEWOMAN** program is to help women understand and reduce the risk for heart disease and stroke. WISEWOMAN promotes lasting heart-healthy lifestyles and educates about blood pressure, cholesterol, diabetes, healthy weight, and smoking. Screening for WISEWOMAN includes a blood pressure check and labs for blood sugar and cholesterol. The WISEWOMAN program serves low-income, uninsured, and underinsured women aged 35 to 64 years.

CONSENT FOR RELEASE OF INFORMATION

I give consent to any and all of my medical care providers, clinics, hospitals, health insurance plans, and the BCCHP to provide each other with information about my health care, cervical tests, breast exams, mammogram, heart disease and stroke risk factor screening and risk reduction services, should I choose to get services and any related medical care through the BCCHP or WISEWOMAN. I understand this consent expires 12 months after the date I sign this form. I also understand that I must re-enroll annually to continue services.

Any information released to the BCCHP or WISEWOMAN Programs will remain confidential except as outlined in this Consent. The information will be available to me, to the staff involved in the BCCHP and/or WISEWOMAN, to the Department of Health (the funding source of BCCHP and WISEWOMAN), and the Health Care Authority (for the Breast and Cervical Cancer Treatment Program (BCCTP) if needed). The information will be used to meet the purposes of the programs as described above. Published reports and data sent to the federal funders that result from the programs will not identify any clients by name.

I understand that being in these programs is voluntary and I may drop out of BCCHP or WISEWOMAN and withdraw consent to release information at any time. If I am screened and I am found to have colon cancer or a heart condition, the BCCHP or WISEWOMAN staff will help me find treatment resources regardless of my ability to pay. I understand that if I am found to have breast and/or cervical cancer, I may be eligible to receive treatment through BCCTP. The BCCHP will assist me in enrolling. I understand I may be required to give my consent for treatment and provide other information as needed.

If I falsify any information used to determine my eligibility, I understand that I may be liable for the charges.

Sign Your Name Here	Date	Witness: Health Facility	Date
Print Your Name Here		Interpreter (if used)	Date