

BREASTCARE AND WISEWOMAN INFORMED CONSENT

The BreastCare and WISEWOMAN Programs complement each other to offer screening services for breast and cervical cancer and cardiovascular disease to qualifying women. WISEWOMAN also provides services to help make changes that will lower the risk for getting these diseases.



As a BreastCare and WISEWOMAN Program participant:

- I will be seen by a BreastCare and WISEWOMAN provider.
- I will have my weight, height, blood sugar, and cholesterol measured.
- I will have my blood pressure checked.
- I will receive breast and cervical cancer screening.
- I will answer questions about my eating and exercise habits, my health and my family's health history.
- I will attend my scheduled BreastCare/WISEWOMAN appointments.

- I understand that a Navigator will contact me to help me work on small steps toward better health.
- I understand that the information collected by my provider will be shared with the BreastCare/WISEWOMAN programs. This information is needed for the purpose of providing healthcare benefits or services, obtaining payment for my healthcare benefits or services, and to conduct normal business operations. This information will be used to meet the purposes of the program and will not identify me by name.
- I understand that these services are provided to screen for breast and cervical cancer, and cardiovascular diseases. These tests/exams may not detect all breast or cervical cancer. I understand that BreastCare/WISEWOMAN do not cover some diagnostic services or treatment.
- I understand that my physician will notify me of test results. I understand that the test results are not a diagnosis of a disease and additional testing may be needed. Some or all of these tests may be paid for by the Programs.
- I understand that I must re-enroll in the BreastCare/WISEWOMAN every year on the month my current card expires. The Programs will pay for covered services as long as I am eligible and actively enrolled in the program.
- I understand that my participation in the BreastCare/WISEWOMAN is voluntary and I may withdraw from the programs and revoke my consent to release my information at any time. I understand that by withdrawing consent I will become responsible for paying for future services.
- I understand I may contact BreastCare/WISEWOMAN, if I have any questions regarding the programs at 501-661-2942.

Physical activity is an important health behavior. I have checked the boxes that may impact how much physical activity I can do.

- I have been told by a doctor, nurse or other health professional to limit physical activity.
- I feel chest discomfort when I am physically active or when I am resting.
- I have bone, back, or joint pain that could be made worse by walking.
- I know of reasons why I should not exercise without a doctor's permission.

| | |
|---------------------|-------|
| Client Name: | Date: |
| Client's Signature: | |

Knowingly providing false information may result in criminal, civil, or administrative action.