

ABCCEDP INFORMED CONSENT/RELEASE OF INFORMATION CONSENT

PROGRAM DESCRIPTION

The Alabama Breast and Cervical Cancer Early Detection Program, ABCCEDP, is a cooperative effort between clinics and doctors, the Alabama Department of Public Health and the U.S. Centers for Disease Control and Prevention to encourage screening for breast and cervical cancer. The purpose of screening is to detect cancer in the earliest stage so that it can be treated or cured. Screening for breast cancer involves a breast examination and a breast X-ray called a mammogram. Screening for cervical cancer involves a pelvic examination and a scraping from the cervix (opening of the uterus) called a Pap smear.

- You will be able to receive your clinic/doctor visit, Pap smear and/or mammogram for FREE, if you meet the income eligibility requirements of the program and have no insurance or these services are not covered fully by your insurance.
- If you have an abnormal screening test result, the clinic/doctor will work with the program to help you obtain further diagnostic tests and treatment. The program can pay for limited diagnostic services but cannot pay for treatment. Your health care provider at the clinic or doctor can tell you which specific services can be paid for and which are not covered by the program. In the event that a breast biopsy is done and it is necessary to do further surgery (at that time) for treatment purposes, the ABCCEDP cannot pay for the treatment portion of the surgery.
- In order to assure that adequate diagnostic and treatment services are available, following abnormal screening results, the ABCCEDP program and/or service provider may need to do additional needs evaluation and assessment with the patient in the form of case management.
- The program will work with this clinic/doctor to let you know when you are due for your next Pap smear and/or mammogram.

CONSENT FOR SERVICES/RELEASE INFORMATION

I have read the above and understand the explanation about the Alabama Breast and Cervical Cancer Early Detection Program and hereby consent to receive the health services as indicated. By agreeing to take part in this program, I give permission to any and all of my doctors, clinics, mammography facilities and/or hospitals to provide all information concerning my Pap smears, breast exams and mammograms and any related diagnostic treatment procedures to the ABCCEDP, which may include referral to case managers employed by the Alabama Department of Public Health.

Any information released to the program will remain confidential, which means that the information will be available only to me and the employees of the Alabama Department of Public Health working with this program. The information will be used only to meet the purposes of the program described above and any published reports which result from this program will not identify me by name.

I understand that my participation in this program is voluntary and that I may drop out of the program and withdraw my consent to release information at any time.

Privacy Notice:

I have received notice of my privacy rights and I have been given or offered a copy of the "Notice of Privacy Practices" by the Alabama Department of Public Health or your health care provider.

Signature _____ Clinic or MD Name _____

Name _____ Date _____
(Please Print) Last First MI

NOTE: CLINICS/DOCTORS MAY SUGGEST OR OFFER SERVICES WHICH ARE NOT PART OF ABCCEDP. IF YOU DECIDE TO USE THESE SERVICES, THEY WILL NOT BE PAID FOR BY ABCCEDP.