The _____________________ Health Department is offering the Michigan Colorectal Cancer Early Detection Program (MCRCEDP) to men and women who are uninsured or underinsured, age 50-64, and are at average or increased risk for colorectal cancer.

PURPOSE OF THIS PROGRAM
The purpose of the Michigan Colorectal Cancer Early Detection Program is to find out if an eligible client has colorectal cancer and, if he/she has cancer, to refer them for treatment. Regular cancer screening tests can help find a cancer that may be present when it is still very small. If cancer is found before it has spread to other parts of the body, chances of survival are much better.

WHAT SERVICES WILL I GET WHEN I ENROLL IN THE MCRCEDP
1. Fecal Occult Blood Test (FOBT).
   - The FOBT is a screening test for cancer of the colon and rectum. It looks for blood in the stool even when a person cannot see the blood. The test is an at-home procedure of collecting two samples from three consecutive bowel movements.
   - Blood can be in the stool because of cancer and also because of other problems. Some medications and some foods may also affect the test results.
2. Colonoscopy
   - The FOBT may not be the only test you need.
   - You may also need a doctor to look at your entire colon (colonoscopy) if the FOBT shows a need for follow-up of abnormal screening results or if you are at increased risk for colorectal cancer due to personal or family history.

WHO WILL PAY FOR THE MCRCEDP SERVICES: INITIALS____________
- The MCRCEDP pays for the Fecal Occult Blood Test for colorectal cancer screening. If the FOBT is abnormal, the program will pay for a diagnostic colonoscopy.
- The MCRCEDP pays for a screening colonoscopy if you are at increased risk for colorectal cancer due to personal or family history.
- The MCRCEDP will pay for polyp removal during a colonoscopy and biopsies if needed. There may be other associated costs not covered by this program.
- My provider may recommend other tests or procedures either not covered by the MCRCEDP or are not related to colorectal cancer.
- If I agree to get these other screening/follow-up tests or procedures, the MCRCEDP will not be able to pay for them. I may have to pay for these additional services.

WHAT IF MY FOBT IS ABNORMAL INITIALS____________
- I will get the results of my FOBT and be told of any additional follow-up that I may need.
- If my FOBT is abnormal, the Health Department staff will help me make plans for additional diagnostic tests (colonoscopy) to decide if there is a problem.
- It is my choice whether or not to follow the recommendations for follow-up of any abnormal tests.
- Not all follow-up services are free. I understand that the MCRCEDP cannot pay for all of the charges related to the diagnostic tests. If I am unable to pay, the MCRCEDP agency will work with me to see that I get the services I need.
- If I have another provider, I can give the MCRCEDP written permission to send them my test results.
WHAT IF I AM DIAGNOSED WITH COLORECTAL CANCER?  INITIALS________________

- I understand that the MCRCEDP does not pay for any treatment services for colorectal cancer such as: Surgery, Chemotherapy, Radiation, Medications, and Home Health Care, etc.
- If colorectal cancer is diagnosed, the Health Department will refer me to providers who work with this program who will help me get colorectal cancer treatment.
- If you are unable to pay for treatment, the Health Department will make every attempt to work with you to assure that you receive appropriate services.

THINGS I NEED TO KNOW ABOUT SCREENING TESTS

- The risks associated with the screening tests are low.
- I may ask for and receive any information the MCRCEDP agency or provider has that will help me better understand the screening procedures and risks.
- I may ask questions at any time.
- No screening test is 100 % accurate. Screening tests can sometimes miss an abnormality or show an abnormality when one is not present.
- Getting normal test results today does not mean that cancer cannot develop later. These tests do not prevent cancer. It is important that you receive screenings regularly.
- If my screening is abnormal it does not always mean cancer. Only some men and women with abnormal screening results will, after more tests, be diagnosed with cancer. Some medicine and foods may affect the test results.

I AGREE TO:

☐ Complete the FOBT within a week and return it as instructed (or)
☐ Complete the prep and screening colonoscopy as scheduled.
- Provide the MCRCEDP with information about me, including my health history.
- Allow the MCRCEDP to exchange information regarding my case with my private provider, any consulting providers, any clinic or hospital to which I may be referred, my health insurance company, the Michigan Department of Community Health, the Michigan Public Health Institute, and the agency coordinating this program for the State of Michigan.
- Be contacted if follow-up appointments are necessary and when it is time to schedule the next yearly screening check-up.

I have been able to ask questions about this program and this form and have been given answers to my questions. Based on my understanding of this screening and follow-up program, I wish to enroll. The Health Department phone number is (____/___-____________)

__________________________________________________________  _________________
Signature of Client  Date

__________________________________________________________  _________________
Signature of Person Obtaining Informed Consent  Date

CONTENTS OF THIS FORM REMAIN IN EFFECT UNTIL NEXT ANNUAL VISIT.