BREAST AND CERVICAL CANCER CONTROL NAVIGATION PROGRAM (BCCCNP) 
RECORD OF INFORMED CONSENT
October 2015

The __________________________ (agency) offers a Breast and Cervical Cancer Control Navigation Program (BCCCNP). This screening program, supported by the Federal Government, is part of a national plan to reduce the number of women without health insurance who die of breast or cervical cancer.

PURPOSE OF THIS PROGRAM
The purpose of the BCCCNP is to find out if a woman has breast or cervical cancer and, if she has cancer, to refer her for treatment. Regular 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 better (but not certain).

WHAT THE PROGRAM OFFERS TO YOU

1. This program offers the following services to eligible women:
   a. Breast and/or cervical cancer screening services may include the following tests:
      • A regular clinical breast exam
      • A regular screening mammogram
      • A regular pelvic exam
      • A Pap test every three years, depending on medical history
   b. Follow-up (“Diagnostic”) services are provided for an abnormal breast and/or cervical cancer screening result
      • If a breast and/or cervical abnormality is identified from the screening test/exam, you will be referred for follow-up diagnostic services.

2. Program Eligibility: (INITIALS _________)
   a. Upon enrollment I will be asked if I have health insurance. I will be eligible to receive program services if:
      • My health insurance DOES NOT cover breast/cervical screening and/or diagnostic services I require OR
      • My health insurance has a large deductible that must be paid prior to my receiving services and I am unable to pay the deductible
   b. Cost of Screening Services
      • I will receive the breast and/or cervical cancer screening services at no cost.
      • It is possible there may be other tests or procedures unrelated to the program that are recommended to me by the provider.
      • If I agree to receive these additional tests or procedures the program will be unable to pay for them, and I may be responsible for the charges.

FOLLOW-UP OF ABNORMAL SCREENING RESULTS (INITIALS _________)

1. I will be informed of the results of these screening tests and of any additional follow-up that may be needed.
2. It is my choice whether or not to follow the recommendations for follow-up of any tests that are abnormal.
3. If any screening test shows something that is abnormal, the BCCCNP agency will help schedule follow-up exams.
4. Not all of the follow-up services are free. The BCCCNP agency cannot pay for all the diagnostic tests, exams and/or additional charges which are related to the recommended diagnostic tests. If you are unable to pay, the BCCCNP agency will work with you to see that you receive needed services.

5. If you have another provider, s/he will be informed of test results if you provide written approval to release this information.

IF BREAST OR CERVICAL CANCER IS DIAGNOSED  (INITIALS __________)

1. The BCCCNP does not pay for any treatment services for breast or cervical cancer.
2. If breast or cervical cancer is diagnosed, the BCCCNP agency will determine if I am eligible to participate in a BCCCNP-specific program that will provide insurance coverage for the duration of my cancer treatment. By initialing the above, I understand that once I have completed cancer treatment and/or am no longer eligible for the BCCCNP, this insurance coverage will end.
3. If I am not eligible to participate in this treatment program, the BCCCNP agency will assure that I am referred to providers who will help me get cancer treatment.

THINGS TO KNOW ABOUT SCREENING TESTS

RISKS:
1. The risks associated with the screening tests (mammogram, Pap test) are low.
2. I may request and receive any information the BCCCNP agency or provider has that helps explain the screening procedures and risks.
3. I may ask questions at any time.

LIMITATIONS OF SCREENING TESTS
1. No screening test is 100% accurate. Screening tests can sometimes miss an abnormality or show an abnormality when one is not present.
2. Normal test results never prevent the later development of cancer. Repeat and regular screening is important.
3. Having an abnormality does not always mean there is cancer. Only a few women, who receive abnormal screening test results will, after more testing, be diagnosed with breast or cervical cancer.

I AGREE TO:
1. Be contacted when it is time to schedule the next screening appointment.
2. Repeat these screening tests as recommended by my health care provider.
3. Be contacted if follow-up appointments are necessary.

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 BCCCNP agency phone number is (______/_____ - ____)

Signature of Client Date

Signature of Person Obtaining Informed Consent Date

CONTENTS OF THIS FORM REMAIN IN EFFECT ONE YEAR FROM DATE SIGNED
I UNDERSTAND THAT:

- Any personal information obtained about me will be kept confidential.
- Signing this form grants permission to share my information with those providers/agencies listed below.
- Only information about me that does not identify me will be used in grouped reports or for other scientific purposes concerned with controlling breast and cervical cancer.
- I may be asked some time in the next several years to answer questions about my breast or cervical health, or my experiences with this screening program. I understand I am not required to answer such questions. If I do, I do not have to identify myself.

I GIVE PERMISSION AND AGREE TO:

- Provide the BCCCNP Agency with information about me, including my health history and reports of screening and diagnostic tests and procedures relating to breast or cervical cancer.
- Allow the BCCCNP Agency to give information regarding my care to:
  - My physician/health care provider
  - Any consulting physician
  - Any clinic or hospital to which I may be referred
  - Any other individual designated by me
  - The Michigan Department of Health and Human Services and other State Of Michigan departments.

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