

Southwest Michigan Breast & Cervical Cancer Control Navigation Program (BCCCNP)

Record of Informed Consent / Release of Information Complete Every Year

This form gives me information about the BCCCNP to help me decide if I want to be part of the program. Kalamazoo County Health & Community Services is the Local Coordinating Agency for the program. Information here is also for Breast services in Wrap Around Program funded by Susan G. Komen Michigan.

SERVICES OFFERED TO ELIGIBLE WOMEN MAY INCLUDE:

Client Initials _____

- **Office Visit** for Clinical Breast Exam and/or pelvic exam paid once each year (365 days after last exam).
- **Pap test** paid every 3 years depending on patient medical history.
- **Mammogram** (X-rays of the breast) paid once each year (365 days after last normal exam).
- **Follow-up (Diagnostic) services** needed after abnormal screening tests that are program approved.
- **Referral for Treatment** of breast or cervical cancer if needed.

I understand the risks associated with screening tests are low. No screening test is 100% accurate. Screening tests do not prevent cancer. Regular screening is important and may find cancer early when chance of survival could be better.

COST OF BCCCNP SERVICES:

Client Initials _____

- It is my responsibility to call my insurance company to find out what my plan pays. Upon enrollment, I may be eligible to receive program services at no cost **if**:
 - My health insurance DOES NOT cover the breast/cervical screening/diagnostic services I need, 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
- The BCCCNP pays ONLY for specific breast and/or cervical cancer screening/diagnostic tests/exams. Funds are limited each year and payable only to participating providers.
- Providers may recommend tests/procedures not covered by BCCCNP or not related to breast or cervical cancer. These tests/procedures will not be paid by BCCCNP. I may have to pay for these services.
- It is my responsibility to discuss payment with any/all providers/agencies. If I am unable to pay, the BCCCNP staff will work with me to see that I get the services I need.
- Not all services are paid by BCCCNP. It is recommended that I apply for financial assistance at the hospital/clinic where my tests are done.

FOLLOW-UP OF ABNORMAL SCREENING RESULTS

Client Initials _____

- The BCCCNP staff will tell me my test results; and help me seek services if I need any follow-up tests.
- It is my choice whether or not to follow the recommendations for follow-up of any abnormal tests.

IF BREAST OR CERVICAL CANCER IS DIAGNOSED

Client Initials _____

- I understand the BCCCNP does not pay for any treatment for breast or cervical cancer.
- If I am diagnosed with breast or cervical cancer, the BCCCNP agency will determine if I am eligible for a program that will give me insurance coverage while I am being treated for this cancer.
- I understand that when my treatment ends, or I am no longer eligible for BCCCNP this insurance will end.
- If I am not eligible for this insurance program, the BCCCNP staff will still refer me for cancer treatment.

I AGREE TO

- Be contacted to schedule screening or follow-up appointments if necessary.
- Repeat these screening tests as recommended by my health care provider.
- Allow BCCCNP staff to exchange information about my care with any participating or consulting private or program providers, my health insurance company, Local Coordinating Agencies for the program, Michigan Department of Community Health and other State of Michigan departments.
- Call the BCCCNP agency toll free at 1-888-243-4087 if I have questions about the program or costs.

I have been able to ask questions about this program and form. I have been given answers to my questions. Based on my understanding of this program, I want to enroll.

Contents of this form will be in effect for a maximum of one year from the date signed or until the grant expires.

Signature of Client

Date(s)

Signature of Person Obtaining Informed Consent

Fax this completed form to LCA @ 269-373-5362

BCCCNP Consent-Release Form 11-2015.docx