



**Well Woman HealthCheck Program (WWHP)
Client's Consent to Participate in the Program**

- Clinical Services
- Care Coordination

Contractor or Clinic Site		Date of Birth	Age
Last Name	First Name	Middle Name	Maiden Name

CLIENT INSTRUCTIONS: Please read this page carefully and mark the checkboxes that apply before signing at the bottom. Please choose the left or the right box to complete. All clients must read and sign the bottom portion of the form.

<p>I am enrolling in <u>Clinical Services</u> with the Well Woman HealthCheck Program and I understand the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> WWHP is a program that: <ul style="list-style-type: none"> • Pays for testing in order to screen and diagnose breast and cervical cancer • Will help me move through the healthcare system to achieve the best possible breast and cervical health results • Does not pay for tests and care that are not related to finding breast or cervical cancer • Does not pay for some tests • Does not pay for ANY cancer treatment <input type="checkbox"/> I have talked to someone at this clinic and understand the choices available to me if cancer is diagnosed. I understand that I may have to pay for some tests and treatment which WWHP does not pay. <input type="checkbox"/> I do not have AHCCCS, Medicare, or other health insurance that will pay for these tests or my health insurance has a high deductible or copay that I cannot afford. I understand that if I do have health insurance and it covers cancer treatment, I will not be eligible for the Arizona Breast and Cervical Cancer Treatment Program (BCCTP) if I am diagnosed with breast or cervical cancer. 	<p>I am enrolling in <u>Care Coordination</u> with the Well Woman HealthCheck Program and I understand the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The Care Coordination program will help me move through the healthcare system to achieve the best possible breast and cervical health results. This may include help with: <ul style="list-style-type: none"> • Learning where to go to sign up for health insurance • Education about health screening tests • Understanding test results • Scheduling appointments <input type="checkbox"/> The Care Coordination program: <ul style="list-style-type: none"> • Provides care coordination for breast and cervical appointments • Does not pay for the tests and clinic visits • Does not pay for ANY cancer treatment <input type="checkbox"/> I have talked to someone from this clinic and understand that my health insurance will cover breast and cervical clinical services. The care coordination services will not be billed to my health insurance and are at no cost to me.
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I also understand the following:

- WWHP looks at my breast and cervical health information. This may include: name, age, income, insurance status, test results, family and personal medical history. All information obtained by the program is used to help improve the health of all women.
- My provider, clinic, hospital, laboratory, and mammography center may share my information with: _____ and WWHP. (WWHP Contractor)
- I may get letters in the mail to remind me when it is time to go back to my clinic for tests or treatment.
- I understand that if I do have health insurance and it covers cancer treatment, I will not be eligible for the Arizona Breast and Cervical Cancer Treatment Program (BCCTP) if I am diagnosed with breast cancer, cervical cancer, or cervical pre-cancer.
- All of the information I have given to the clinic is true as far as I know. If I tell the clinic something that is not true, I may have to pay for any tests done through the WWHP and I may not be eligible for the Arizona Breast and Cervical Cancer Treatment Program (BCCTP) if I am diagnosed with breast or cervical cancer.
- I have the right to leave the program at any time. If I no longer want to take part in the WWHP, I will inform my healthcare provider in writing and I will be withdrawn from the program. I understand that any information shared prior to my leaving the program will be kept by WWHP. All information is kept private.
- The WWHP is run by the Arizona Department of Health Services (ADHS).

Signature: _____ Date: _____ WWHP Staff Initials: _____