



WISEWOMAN Informed Consent for Medicaid Recipients

I understand that the WISEWOMAN Program will help me determine my risk of getting cardiovascular disease (also known as heart disease), having a heart attack, having a stroke, or getting diabetes or high blood pressure. The WISEWOMAN Program will work with me to make changes that may lower my risk for getting these diseases. My information will be kept private, and it will not be shared with anyone outside the WISEWOMAN Program, within the clinic, and the RI Department of Health. The RI Medicaid Office and the US Centers for Disease Control and Prevention (CDC) will receive WISEWOMAN data in the aggregate. RI Medicaid and CDC will not have my name, therefore the information they receive will be anonymous. Information will be used only to meet the purposes of the WISEWOMAN Program. Any published reports will contain only data on groups of participants, thus it will not be possible to identify information of any one person.

What Services Will I Get As A WISEWOMAN Program Participant?

- I will have my height and weight measured.
- I will have my blood pressure checked.
- I will get a blood test to measure my blood sugar (e.g., A1C, glucose) and lipids (e.g., cholesterol). These tests do not take the place of a medical exam, and may not reveal if I have a medical problem. I may experience minor discomfort from the collection of a blood sample.
- I will answer questions about my health history and my family's health history.
- I will answer questions about what I eat, how active I am, and if I smoke cigarettes.
- I understand that the test results and answers to health history questions are not a diagnosis of a disease.
- If any of my results are not normal, I may be referred to a provider who will help me manage these health concerns.
- I accept the responsibility for following up with a health care provider, if it is suggested that I do so.
- I will have the chance to work on small steps toward better health.
- If I choose, I can work with a Health Coach to set a healthy goal to lower my risk for having a stroke, a heart attack, or getting diabetes. I will set a goal that is interesting to me. This goal can be about eating healthy foods, being active, not smoking, or taking my medicine correctly.
- I understand that physical activity may be part of the WISEWOMAN Program. I will discuss starting an exercise program with medical staff and/or alert medical staff if I have any concerns about my ability to safely increase my current physical activity level. In addition, if the clinic staff members think I may have trouble increasing my physical activity, I may be referred to a doctor to determine if I can safely participate in the physical activity part of this program.

Who is Eligible for WISEWOMAN?

- Females between the ages of 40-64, and enrolled in Medicaid
- Females between the ages of 30-64, and are enrolled in the Women's Cancer Screening Program

Who Will Pay for the WISEWOMAN Services?

- Medicaid insurance that you have will pay for the office visits, blood tests, follow-up visits if you have abnormal screening results, and any related medications that your doctor prescribes.
- The WISEWOMAN Program will cover the cost of meeting with a staff person to answer Health Risk Assessment questions, health coaching with non-clinical staff, telephonic translation services, and other WISEWOMAN resources in the community such as memberships to the YMCA, Weight Watchers, TOPS, and Curves.

I fully understand the information on this form and agree to join the WISEWOMAN Program. I may revoke my authorization and withdraw from the program at any time by submitting a written request to your provider.

_____/_____/_____
Signature DATE: (Month/Day/Year)

Patient's Name: _____
(Please Print) (Last) (First) (M)

Date of Birth: _____ - _____ - _____ Telephone No: _____
(MM) (DD) (YYYY)

Address: _____

City/Town: _____ State: _____ Zip Code: _____

COUNTY: Providence [] Kent [] Newport [] Bristol [] Washington []

ETHNICITY: ARE YOU OF HISPANIC ORIGIN? [] Yes [] No [] Unknown

RACE: [] White [] Black [] Asian/Pacific Islander [] Native American [] Other [] Unknown

PLACE OFFICE STAMP HERE: