



**Section 3: Program descriptions**

**WCSP:** The Rhode Island Department of Health (RIDOH) has received federal support for providing breast and cervical cancer screening services for eligible women in this State. Specifically, this program will help eligible women by paying for services that help identify these cancers in their earliest stages. Having breast and cervical screening regularly, as recommended by the American Cancer Society (ACS), can lead to a decreased risk of dying from breast cancer or developing cervical cancer. You are eligible to take part in this Program. The Program offers:

- Screening for breast cancer: a clinical breast examination, and possibly a breast X-ray (mammogram)
  - Screening for cervical cancer: a pelvic examination and a scraping from the cervix (opening of the uterus) called a Pap smear
- You must be uninsured/underinsured and meet the age and income eligibility guidelines of the Program. If you do, your screening and most follow-up testing will be at no cost to you.

If you have an abnormal screening test, the Program can pay for some diagnostic services. However, since this is a screening program, it cannot pay for all surgical or treatment services. You may be eligible for additional coverage if you need surgery or other treatment following an abnormal screening test.

**WISEWOMAN Program:** RIDOH has received federal funding to provide cardiovascular disease screening services to women, age 40-64, who are enrolled in the WCSP. The WISEWOMAN Program is designed to help reduce the risk of heart disease, stroke, and other chronic diseases by providing no-cost screening tests and counseling that will focus on ways to eat smart, be fit, and live well. In addition, WISEWOMAN may offer healthy behavior support programs at no cost to support healthy eating and physical activity.

**Section 4: Financial Eligibility and Consent for Release of Information**

To become a participant in the WCSP, you must consent to the following conditions:

- I hereby certify that all the information is, to the best of my knowledge and belief, accurately reported on this form.
- I have read and understand the WCSP description in Section 3.
- I give permission to provide all relevant information to the WCSP concerning the results of my Pap tests, breast exam, mammogram, and follow-up care. The recipients will include any and all of my doctors, clinics, and/or hospital; RIDOH; any RIDOH-authorized data management contractor; and anonymous reporting to the Centers for Disease Control and Prevention (CDC).
- I am aware that any information provided to the WCSP and RIDOH will remain confidential. This means that the information will be available only to me, my healthcare providers, and to staff of the WCSP and its authorized data management contractor. Also, the information will be used only to meet the purposes of this Program. Furthermore, any published reports will contain only statistics on groups of women. Thus, it will not be possible to identify information on any one person.
- I understand that my participation in this Program is voluntary and that I may drop out of the Program and I may, at any time, withdraw my consent to release information.

**[ ] Check this box if you AGREE to the conditions of participation in the WISEWOMAN Program.**

As a WISEWOMAN participant I agree:

1. My doctor’s office may check my height, weight, waist/ hip circumference, and blood pressure; and can take a blood sample to check blood lipids (cholesterol) and blood sugars (glucose).
2. I may experience minor discomfort from giving a blood sample. These tests do not take the place of a medical exam and may not reveal if I have a medical problem.
3. If my blood pressure or laboratory tests are outside of the normal, healthy range during the WISEWOMAN screening, I may be referred to a healthcare provider who will help me manage these health concerns.
4. I accept the responsibility for following up with a healthcare provider if it is suggested that I do so.
5. I understand that I will be asked some questions about my family, my medical history, and health behavior questions.
6. I understand that my information will be provided to RIDOH and to CDC. Prior to sharing data with the CDC, my name will be removed so that my information is anonymous. The information will be used only to meet the purposes of this Program, and any published reports will contain only statistics on groups of women. Thus, it will not be possible to identify information on any one person.
7. I understand that it is very important for me to return to the doctor’s office in 12-18 months so I, and the WISEWOMAN program can learn if there are any changes in my heart disease risk and determine if I am still eligible for the Program. If I am still eligible for WISEWOMAN, the same screening tests and paperwork will be completed. If I am no longer eligible for the program, the doctor’s office may provide the WISEWOMAN program with my clinical values in order to determine if my risk of heart disease changed.
8. I understand that physical activity may be a part of the WISEWOMAN program. I will discuss starting an exercise program with staff and/or alert staff if I have any concerns about my ability to safely increase my current physical activity level. If the Program staff members think I may have trouble increasing my level of physical activity, I may be referred to a doctor to determine if I can safely participate in the physical activity part of this Program.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_  
                    *First*                                    *Middle*                                    *Last*

*Place your office stamp here.*