

## WEST VIRGINIA WISEWOMAN

### Consent Release and Statement of Confidentiality

The WISEWOMAN program helps women to understand and reduce their risk for heart disease and stroke and promote lasting heart-healthy lifestyles. The program employs evidence-based strategies proven to reduce heart disease and stroke prevalence to help participants achieve the best health possible. The program combines medical visits and support services to help women make lifestyle changes to reduce cardiovascular disease.

I consent to the gathering, use, and disclosure of my information by the West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP)/WISEWOMAN. This information is needed for the purpose of providing benefits or services (including patient navigation), obtaining payment for my benefits or services, and to conduct normal business operations. By agreeing to take part in the WVBCCSP/WISEWOMAN, I give permission to any and all of my healthcare providers, clinics and/or hospitals to provide all information concerning cervical cancer screening test, breast exams, mammograms, lab work and any other related care to the WVBCCSP/WISEWOMAN.

Information given to WVBCCSP/WISEWOMAN will be confidential, which means information will be used to meet the purpose of the WVBCCSP/WISEWOMAN and any published reports will not identify me by name. I understand that notifying me of test results is a very important part of the WVBCCSP/WISEWOMAN and that all available resources may be used to notify me if I have an abnormal test result.

I agree to have a cervical cancer screening test, breast exam, mammogram, patient navigation services, and lab work as recommended and I will participate in diagnostic tests (Program funded) and lifestyle interventions determined necessary. I give my consent for the WVBCCSP/WISEWOMAN and the West Virginia Medicaid Program to coordinate my care and provide case management services as needed. If provided a blood pressure monitor, I agree to keep the blood pressure monitor in a secure and safe location to ensure it remains in good working condition. I will take responsibility for its care and maintenance, protecting it from any intentional damage or misuse that may affect its functionality. I understand that if I do not use the blood pressure monitor as instructed, I will have to return it to my provider.

I will download the myCareHalo app, if able, to communicate with the WISEWOMAN team about my healthy lifestyle programs.

**I understand that knowingly providing false information may result in criminal, civil, or administrative action.**

I, \_\_\_\_\_, swear that the information given on this form is true and correct.

Signature: \_\_\_\_\_

Date Signed (mm/dd/yyyy): \_\_\_\_\_

Witness: \_\_\_\_\_

Date Signed (mm/dd/yyyy): \_\_\_\_\_

I understand that my participation in the WVBCCSP/WISEWOMAN is voluntary and that I may drop out and withdraw my consent to release information at any time. I have received a copy of the privacy policy.