

INFORMED CONSENT TENNESSEE BREAST AND CERVICAL SCREENING PROGRAM (TBCSP)

Client Name:	DOB:	SSN:
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The mission of the Tennessee Breast and Cervical Screening Program (TBCSP) is to encourage and provide breast and/or cervical cancer screening services (clinical breast exams, mammograms, and Pap tests) and patient navigation services to underserved women across Tennessee. The goal of screening is early detection and early treatment of breast and cervical cancers. TBCSP services are funded through the Centers for Disease Control and Prevention’s (CDC) National Breast and Cervical Cancer Early Detection program (NBCCEDP), Maternal Child Health (MCH) Block Grant, Susan G. Komen and State funds. The program is administered through local and metropolitan health departments, federally qualified health centers, private physicians, non-profit organizations, hospitals and other contracted agencies.

- ❖ You may be eligible to receive FREE clinic visits with a healthcare provider and appropriate screening services and referrals if you meet eligibility criteria as determined by income, have no insurance, or these services are not covered fully by your insurance, as determined by national guidelines from the USPSTF (US Preventive Services Task Force) and ASCCP (American Society for Colposcopy and Cervical Pathology).
- ❖ If you have an **abnormal** screening result related to breast or cervical cancer, the clinic and providers will work with the program and will assist you with obtaining additional diagnostic tests and/or treatment. The program may be able to assist with payment for limited diagnostic services, but cannot pay for treatment.
- ❖ If you have an **abnormal** screening result, the TBCSP program and patient navigators will work with you to help you obtain the referral services you need from other providers. This does not guarantee that TBCSP will pay for these services. If you need treatment, you **MAY BE** eligible for Medicaid (TennCare). The patient navigators can assist you with the application process. However, we **cannot** guarantee your acceptance into the TennCare program.
- ❖ If you have **normal** screening results, the provider or navigator will inform you of your next screening due date as determined by the USPSTF and ASCCP guidelines.
- ❖ If you seek any of the services that are not provided by the TBCSP, it will be your responsibility to pay for these additional services.

I have read the above and understand the explanation about the Tennessee Breast and Cervical Screening Program and wish to receive the health services as indicated. I understand that my participation in this program is **VOLUNTARY** and that I may withdraw from the program at any time. Any information released to the program will remain confidential, available only to the employees of the Tennessee Department of Health working within the program, as well as myself, and will only be used to meet the purposes of the program. Any published reports will not identify me by name.

CLIENT NAME: _____ <div style="text-align: center; font-size: small;"><i>Print</i></div>	FACILITY REPRESENTATIVE: _____ <div style="text-align: center; font-size: small;"><i>Print</i></div>
SIGNATURE: _____	SIGNATURE: _____
DATE: _____	DATE: _____