Provider NPI: ____________________ Office Visit Date: ___________

Health Screening Consent

Program Description

The **W**ell-**I**ntegrated **S**creening and **E**valuation for **WOM**en **A**cross the **N**ation (WISEWOMAN) program is a joint effort by health providers, the Louisiana Department of Health's Bureau of Chronic Disease Prevention and Healthcare Access ("Well-Ahead Louisiana") and the Centers for Disease Control and Prevention (CDC) to help women understand and reduce their risk for heart disease.

WISEWOMAN promotes lasting heart-healthy lifestyles and educates about blood pressure, cholesterol, diabetes, body mass index (BMI) and smoking. Screening for WISEWOMAN includes a blood pressure check and labs for blood sugar and cholesterol. The WISEWOMAN program serves low-income, uninsured and underinsured women aged 40 to 64 years.

Consent of Release of Information

I give consent to my medical providers, clinics, hospitals, health insurance plans, and the WISEWOMAN program, to provide each other with information about my health care, heart disease and stroke risk factor screening and risk reduction services, should I choose to get services or any related medical care through WISEWOMAN. I understand this consent expires 12 months after the date I sign this form. I also understand that I must re-enroll annually to continue services.

I will comply with the WISEWOMAN program requirements by providing follow up documentation as is requested by the program staff and will complete follow up appointments as outlined during my initial WISEWOMAN medical appointment.

Any information released to the WISEWOMAN Program will remain confidential except as outlined in this consent. The information will be available to me, to the staff involved in WISEWOMAN, and to Well-Ahead Louisiana (the funding source of WISEWOMAN). The information will be used to meet the purposes of the program as described above. Published reports and data sent to the federal funders that result from the programs will not identify any clients by name.

I understand that being in these programs is voluntary and I may drop out of WISEWOMAN and withdraw consent to release information at any time. If I am screened and I am found to have a heart condition, WISEWOMAN staff will help me find treatment resources regardless of my ability to pay. I understand I will be required to give my consent for treatment and provide other information as needed.

Confidentiality: The Louisiana Department of Health, Office of Public Health, Bureau of Chronic Disease Prevention and Healthcare Access adheres to all current laws regarding confidentiality of health services in general and specifically as they relate to preventive services. All medical and mental health records are confidential and will be maintained as directed by the Health Insurance Portability and Accountability Act (HIPAA).

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BY SIGNING THIS CONSENT, I AM AGREEING TO ALLOW THE FOLLOWING SERVICES TO BE CONDUCTED BY A LICENSED MEDICAL DOCTOR, LISCENSED NURSE PRACTITIONER, OR REGISTERED NURSE:

• blood glucose screening • blood pressure screening • lipid panel screening (HDL, LDL & total cholesterol) •

If I falsify any information used to determine my eligibility, I understand that I will be liable for the charges.

I understand the information on this form. I give permission for the WISEWOMAN clinic staff to perform the basic medical screenings outlined above. I also understand that my personal information will be kept confidential and will not be shared with any person who is not directly involved in the Well-Ahead WISEWOMAN program.

______________________________	______________________________
Participant Signature Date	Participant Printed Name Date
WISEWOMAN Screening Location Staff Signature Date	Interpreter Signature (if used) Date

This consent may be withdrawn or modified at any time with a written request addressed to the entity referred to above.
A duplicate copy of this document will be given to participants upon request.

Site Information: Ochsner LSU Health Monroe Participant ID Number (15): 4 0 0 0 0 __ __ __ __ __ __ __ __ __ __
State/Tribal FIPS Code: LA Enrollment Site ID: 71202 ANSI Geographic Site: 22073