

Provider NPI: \_\_\_\_\_ Office Visit Date: \_\_\_\_\_



## Health Screening Consent

### Program Description

The **Well-Integrated Screening and Evaluation for WOMen Across the Nation** (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 35 to 64 years.

### Consent of Release of Information

I give consent to my medical providers, clinics, hospitals, health insurance plans, the WISEWOMAN program and program partners, to provide each other with information about my program participation, 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 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).

