

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER-New Orleans
Louisiana Breast and Cervical Health Program**

PROGRAM DESCRIPTION

The Louisiana Breast and Cervical Health Program (LBCHP) is a cooperative effort between clinics and doctors, the Louisiana State University Health Sciences Center-New Orleans (LSUHSC-NO) and the U.S. Centers for Disease Control and Prevention to encourage screening for breast and cervical cancer. The purpose of screening is to detect cancer in its earliest stage so that it can be treated or cured. Screening for breast cancer involves a breast examination and a breast X-ray called a mammogram. Screening for cervical cancer involves a pelvic examination and a scraping from the cervix (opening of the uterus) called a Pap test.

You will be able to receive your clinic/doctor visit, Pap test and/or mammogram at no cost to you, if you meet the age and income eligibility requirements of the program, and have no insurance or the deductible or co-payment required by your insurance prevents you from receiving these services.

If you have an abnormal screening test result, the clinic/doctor will work with the program to help you obtain further diagnostic tests and treatment. The program can pay for limited diagnostic services but **cannot pay for treatment**. Your health care provider at the clinic or doctor can tell you which specific services can be paid for and which are not covered by the program. As a woman screened through the LBCHP, you may be eligible for Medicaid coverage for treatment.

In order to assure that adequate diagnostic and treatment services are available following abnormal screening results, the LBCHP program and/or a service provider may need to do additional needs evaluation and assessment with patients in the form of case management.

The program will work with this clinic/doctor to let you know when you are due for your next Pap test and/or mammogram.

**CONSENT FOR SERVICES AND
AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION**

I have read and understand the preceding program description of the Louisiana Breast and Cervical Health Program (LBCHP) and hereby consent to receive the health services as indicated above. By agreeing to take part in this program, I give permission to any and all of my doctors, clinics, mammography facilities and/or hospitals to provide all information concerning my Pap tests, breast exams, mammograms and any related diagnostic and treatment procedures to the LBCHP, which may include referral to case managers employed by the Louisiana State University Health Sciences Center-New Orleans (LSUHSC-NO), for the purpose of gathering information on early cancer detection. I understand that if I do not sign this form, I will not be allowed to participate in LBCHP. However, I understand that deciding not to participate in LBCHP will have no effect on my access to my access to treatment or payment at LSUHSC-NO clinics or LSU Health Care Services Division hospitals.

Any information released to the program, will be available and/or re-disclosed only to me and employees, subcontractors and business associates of LSUHSC working with this program. The information will be used only to meet the purposes of the program described above, and is subject to LSUHSC-NO's Notice of Privacy Practices. I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer be protected by the Health Insurance Portability and Accountability Act of 1996. I understand that my protected health information will be kept by LBCHP at LSUHSC-NO for a period of at least six (6) years. Any published reports that result from this program will not identify me by name.

I understand that my participation in this program is voluntary and that I may drop out of the program by making a request in writing to the address below. Except to the extent that action has already been taken in reliance on this authorization, I may revoke my authorization to release protected health information at any time by sending a written request to:

**LOUISIANA BREAST & CERVICAL HEALTH PROGRAM, Attn: LBCHP Services Coordinator
1615 Poydras Street, Ste. 1400, New Orleans, LA 70112, Toll-Free: 1-888-599-1073**

Unless otherwise revoked, I understand this consent and/or authorization will not expire as long as the Louisiana Breast and Cervical Health Program is in operation.

Name of Patient (First, Last, MI)

MD or Clinic Name

Signature of Patient or Authorized Representative

Date

MUST GIVE A SIGNED COPY TO PATIENT. KEEP ORIGINAL IN FILE.