



TENNESSEE BREAST & CERVICAL SCREENING PROGRAM (TBCSP)

TBCSP Informed Consent

Table with 2 columns and 3 rows: Client Name, SSN, Household Income, DOB, Household Size, %FPL.

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, pap tests, and/or Human Papillomavirus (HPV) tests) and patient navigation services to underserved women in Tennessee.

- ❖ You may be eligible to receive free clinic visits with a healthcare provider, appropriate screening services, and referrals as determined by national guidelines if you meet eligibility criteria as determined by income, have no insurance, or these services are not covered by your insurance.
❖ 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.
❖ If you have an abnormal screening result, the TBCSP and patient navigators will work with you to help you obtain the referral services you need from other providers.
❖ If you have normal screening results, the provider or navigator will inform you of your next screening due date as determined by national guidelines.
❖ If you see any of the services that are not provided by the TBCSP, it will be your responsibility to pay for these additional services.

By signing below, I have read the above and understand the explanation about the TBCSP 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 those working within the TBCSP, as well as me, and will only be used to meet the purposes of the program. Any published reports will not identify me by name.

CLIENT NAME: _____ FACILITY REPRESENTATIVE: _____
SIGNATURE: _____ SIGNATURE: _____
DATE: _____ DATE: _____