

**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 X-ray called a mammogram. Screening for cervical cancer involves a pelvic examination and a scraping/swabbing from the cervix (opening of the uterus) called a Pap test. The swab may be sent to check for the HPV virus which can cause abnormal cells and cervical cancer.

LBCHP has Navigators that are trained to assess each patient's barriers to completing quality breast and cervical screenings in a timely manner and to provide individualized assistance to help you overcome these barriers. Navigation includes: guidance through the health care system; assistance with scheduling and tracking appointments, transportation, and language translation; assistance with understanding and utilizing insurance coverage; identifying local resources and support to address patient needs; providing additional breast and/or cervical health information; and assuring adequate diagnostic and treatment services are available if breast and/or cervical screening results are abnormal.

If you meet the program's age, income, and residency criteria and have no insurance, you are eligible to receive your clinic/doctor visit, Pap test and/or mammogram, and navigation services at no cost to you. If you have an abnormal screening test result, the clinic/doctor or navigator (along with the clinician) 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 or navigator can tell you which specific services can be paid for and which are not covered by the program. As an uninsured woman screened through the program, **you may be eligible for BREAST AND CERVICAL Medicaid coverage for treatment**.

You can also qualify for LBCHP support to complete diagnostic tests if the deductible or co-payment required by your insurance otherwise prevents you from following up on abnormal screening results. **If you have insurance (Medicaid, private, etc.)**, and meet program criteria, you are eligible to receive navigation services. Whether you are insured or uninsured, if you meet program eligibility the navigator, as directed by the medical staff, will facilitate follow-ups from initial screening until all necessary follow-up has been completed, including start of treatment, by helping to overcome patient barriers and directing appropriate referrals for services and treatments covered through your insurance. 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 and navigation services as indicated above. By agreeing to take part in the 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 navigators 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 treatment or payment at LSUHSC-NO clinics, LSU Health Care Services Division hospitals, or other health care facilities.

Any information released to the program, will be available and/or re-disclosed only to me and employees, subcontractors and business associates of LSUHC 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 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: Patient Navigation Coordinator
2020 Gravier Street, 3RD Floor, 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)

Clinic Name

Signature of Patient or Authorized Representative

Date

**MUST GIVE A SIGNED COPY TO PATIENT. KEEP ORIGINAL IN FILE.
04/30/2019**