

## **Appendix B: Authorization for Services**

The Alabama WISEWOMAN Program's aim is to help you reduce your risk of cardiovascular disease and stroke. Eligibility criteria for WISEWOMAN are current enrollment in the ABCCEDP. The services provided through this program include medical screenings to evaluate your blood pressure, glucose and cholesterol level. These tests require that you provide a small sample of blood. This routine finger prick may cause you some minor discomfort. You will have your weight, height taken, your BMI calculated, and will be asked if you use tobacco products.

I understand if my blood pressure, glucose and cholesterol levels are in the normal range, I will be rescreened for these risk factors at my annual breast and cervical cancer screening visit in 12 to 18 months.

I understand if my blood pressure, glucose or cholesterol levels are slightly elevated I will be referred to a Social Worker. In addition, if my glucose levels are significantly elevated, I will be asked to return to the clinic within 7 days for fasting blood levels. Participants previously diagnosed with diabetes will have an A1C test completed.

I understand that I will be asked health questions to determine if I am healthy enough to participate in physical activity. I agree to follow my provider's recommendation regarding participating in any physical activity.

I understand that as a WISEWOMAN participant, I will meet with a Social Worker who will utilize a life style program shown to be effective in improving cardiovascular health. I understand I might qualify for social services provided in the community. I hereby give permission to the Alabama WISEWOMAN Program to disclose information about me to social service agencies, community agencies, and health care providers for the limited purpose of consultation or referral. This permission may include the disclosure of information about my medical condition but does not include the release of the written medical record. I have been given an opportunity to discuss how this form will be used. I know that I have the right to revoke this permission at any time (except to the extent that action has already been taken).

### **RISK OF USING E-MAIL**

Information contained in email messages may be privileged and confidential. There is some risk that any protected health information contained in an email may be disclosed to, or intercepted by, unauthorized people. These include, but are not limited to, the following risks:

- a. The Health Insurance Portability and Accountability Act of 1996 recommends that any E-mail containing protected health information should be encrypted. The E-mails sent from the Alabama Department of Public Health are not encrypted, so E-mails may not be secure. Therefore it is possible that the confidentiality of such communications may be breached by a third party.
- b. E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- c. E-mail senders can easily misaddress an E-mail.
- d. E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- e. E-mail can be used to introduce viruses into computer systems.
- f. E-mail can be used as evidence in court.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with communication of E-mail between me and the Alabama Department of Public Health/Franklin Primary Health Center staff. Any questions I may have had were answered. If I provide my E-mail below, I understand the risks, and give my consent for the Alabama Department of Public Health/Franklin Primary Health Care to communicate with me regarding my protected health information by E-mail. This consent will be reaffirmed or discontinued, at my choice, at each clinic visit.

By signing below, I certify I have read and understand the above information and give consent to authorize one or more of the above-listed services for myself.

\_\_\_\_\_ I understand that I may withdraw from the WISEWOMAN program at any time while continuing to receive screening services via ABCCEDP.

**Unless otherwise revoked, this authorization will expire 18 months from the date signed.**

**WISEWOMAN Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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Franklin Primary /Mobile County Health Center Representative

Date

**Note: The clinic or your doctor may suggest or offer services which are not part of Alabama WISEWOMAN. If you decide to use these services, they will not be paid for by ABCCEDP.**