



Utah Cancer Control Program

A Joint Program of the Utah Department of Health and Utah's Local Health Departments

Date _____
Clinic # Attn _____

UCCP Consent and Authorization Form

SSN# _____ - _____ - _____ DOB ____/____/____

Name _____
Last First Initial Maiden

The Utah Cancer Control Program (UCCP) is a program to encourage breast and cervical cancer screening and healthy lifestyle management.

You may enroll for UCCP services, if you:

- Are a Utah resident
- Meet the age and income guidelines

Women ages 40 to 49 who qualify for the program will receive the screening services listed below in Column A and will pay a fee that is determined by the screening clinic (not the UCCP). Women 50 and older who qualify will receive the screening services listed below in Column A and Column B free of cost. Please note: The UCCP does NOT pay for treatment.

COLUMN A	COLUMN B
Clinical Breast Exam Mammogram Pap Smear Test Pelvic Exam Some Diagnostic Services Treatment Referral	Blood Pressure Cholesterol Screening Glucose Check A1c (glycated hemoglobin) Test Height and Weight Measurements Risk Reduction Counseling Lifestyle Management Coaching

Participants must use UCCP's designated providers. If you have insurance, your insurance will be billed for services provided. The UCCP will pay the designated provider for expenses not covered by your insurance.

- I certify that the information I have provided is accurate and complete, to the best of my knowledge. I certify that I have voluntarily requested these services without coercion and understand that I will receive a copy of this form after I sign it.
- I agree to participate in screening and diagnostic follow-up offered by the UCCP.
- I authorize all health care providers and the Utah Cancer Registry to share all my medical records with the Utah Cancer Control Program.
- This consent form and any information that I provide may be shared with the Utah Department of Health and the Utah Cancer Registry for data management and research as specified by Utah Law. Any published reports will not identify me by name.
- I understand that my participation is voluntary and that I may withdraw from this program and cancel my consent to release information without penalty by sending written notice to the UCCP at 288 N 1460 W, P.O. Box 142107, Salt Lake City UT 84114-2107.

Print Name

Signature

Date