

# UCCP Consent and Authorization Form



Date \_\_\_\_\_  
Clinic # Attnd \_\_\_\_\_

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 (Visitors to Utah are not eligible)
- Meet the age and income guidelines

Women who qualify for the program may receive the screening services listed below, per year, free of cost.

Breast and Cervical	BeWise
Clinical Breast Exam Mammogram Pap Test Some Diagnostic Services Referral for treatment	Blood Pressure Measurement Cholesterol Screening Glucose Check A1c (glycated hemoglobin) Test Height and Weight Measurement Hip and Waist Measurement Risk Reduction Counseling Health Coaching Referral to Health Behavior Support Options

Participants must use UCCP's contracted providers. UCCP will only pay for services listed on the referral. Participants must talk with the contracted providers about additional services not listed on the referral.

If you have insurance, your health plan will be billed first. UCCP is the payer of last resort and for approved services only. If you receive a bill, call us at **1-800-717-1811**.

- 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 and will notify UCCP of any changes to my contact information.
- I understand it is my responsibility to ask questions about additional services not paid by UCCP.
- I agree to receive appointment reminders and other healthcare communication/information per email/phone and/or text from the Utah Cancer Control Program or its designee.
- I understand that any information obtained in the course of my screening under this program may be shared by the provider with the Utah Cancer Control Program and Utah Cancer Registry and I agree to such disclosure for payment purposes, public health activities, and other uses allowed by law.
- I understand that my participation is voluntary and that I may withdraw from this program without penalty by sending written notice to the UCCP at 288 N 1460 W, P.O. Box 142107, Salt Lake City UT 84114-2107.

**FAX TO: 801-536-0172**

Print Name	Signature	Date
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