
The Utah Cancer Control (UCCP) and BeWise Program(s) encourage breast and cervical cancer screening, cardiovascular disease screening and health coaching. You may enroll for UCCP and BeWise services if you:

1. Are a Utah resident (Visitors to Utah are not eligible).
2. Meet the age and income guidelines.

Depending on availability, women who qualify for the program(s) may receive the screening services listed below, once per year free of cost. Services provided:

UCCP Cancer Screening Services:

- Clinical Breast Exam
- Mammogram
- Pap test
- Some diagnostic services
- Referral for treatment.

BeWise Program Services:

- Blood Pressure Measurement
- Cholesterol Screening
- Glucose Check and/or A1c test
- Height and weight measurement
- Hip and waist measurement
- Health coaching and referral to healthy behavior support services

Participants must use UCCP and/or BeWise contracted providers. These programs will only pay for services listed on the referral. Participants must talk with contracted providers about additional services not listed on the referral. If you have insurance, your health plan will be billed first. The UCCP and BeWise Program(s) are the payer of last resort for approved services only. If you receive a bill, call us at 1-800-717-1811.

- I certify that the information I have provided the programs 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 by the programs and will notify the programs of any changes to my contact information.
- I understand it is my responsibility to ask questions about any positive findings from the visit or test results and additional services not paid for by these programs.
- I agree to receive appointment reminders and other healthcare related communication/information per email/phone and/or text from the UCCP and BeWise Program(s) or its designee.
- I understand that any information obtained in the course of my screening under these program(s) may be shared by the provider with the UCCP, the BeWise Program and the Utah Cancer Registry. 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 and BeWise Program(s) at 288 N 1460 W, P.O.Box 142107, Salt Lake City, UT 84114-2107
- I understand this consent is valid for 5 years unless a written letter is sent to the UCCP and BeWise Program(s) withdrawing my consent.

Name:

Signature

Date: