

# Informed Consent/Release of Information

## PROGRAM DESCRIPTION

The Breast and Cervical Screening Program is supported by the U.S. Centers for Disease Control and Prevention (CDC) and operated by the West Virginia Bureau for Public Health, Office of Maternal, Child and Family Health, to encourage screening for breast and cervical cancers. The purpose of screening is to find cancer in its earliest stages so it can be treated or cured. Screening for breast cancer involves a breast examination and a breast x-ray, called a mammogram.

Screening for cervical cancer involves a pelvic examination and a scraping from the cervix (opening of the uterus or womb) called a Pap test. If the Pap test is abnormal, sometimes a colposcopy test is done. This is a way of looking at the cervix through a special magnifying instrument called a colposcope.

## THE BREAST EXAM

The doctor or nurse will look for changes in breast shape or size and will touch your breasts, chest, and armpits to check for any lumps. The doctor or nurse will also teach you how to examine your own breasts at home so that you can find a lump that could be cancer. This is called a breast self examination or BSE. Even though the doctor or nurse checks your breasts, and you check your breasts at home, your doctor or nurse may still want you to have a mammogram.

## THE MAMMOGRAM

A mammogram is an x-ray picture of the breast. You will stand in front of a machine. The person who takes the x-ray will place your breast between two plastic plates. The plates will press your breast and make it flat. This may feel uncomfortable for a minute, but it helps to get a clearer picture.

## THE PELVIC EXAM

During the pelvic examination, your legs will be up in stirrups and the doctor or nurse will check your internal female organs by putting two gloved fingers of one hand inside your vagina. This may be uncomfortable for a minute. With the other hand, he/she will press on the lower part of your stomach to check for any lumps or tenderness.

## THE PAP TEST

The Pap test is a simple test to find abnormal cells in and around the cervix. For this test, your legs will be up in stirrups and a doctor or nurse will insert a thin piece of plastic or metal that looks like a duck's bill (a speculum) into your vagina to check inside. The doctor or nurse will use a swab to take a few cells from your cervix (the opening of the uterus or womb). This may be uncomfortable for a minute. A lab will check these for cancer or any other problems.

### THE COLPOSCOPY

You may be referred to another doctor or clinic for a colposcopy. For this test, your legs will be up in stirrups (just like for your pelvic exam and Pap test). A speculum (like the one used during your pap test) will be placed in your vagina. The cervix will be cleansed with a mild vinegar solution that sometimes causes a slight burning or tingling. Then, a special microscope (called a colposcope) is used to see the cervix. The colposcope itself does not touch you.

### THE FINE NEEDLE ASPIRATION

The surgeon will hold the lump in your breast between his/her fingers, numb the surrounding skin and then pass a small needle in and out of the lump a few times to get out cells that can be analyzed.

### THE ULTRASOUND

High frequency sound waves are sent off in little pulses toward the breast. A type of jelly is put on the breast to make it slippery and a small instrument called a transducer is slid along the skin, sending waves through it. This test can help determine whether a lump is fluid-filled or solid

### CASE MANAGEMENT

You may be referred for Case Management services if the program does not cover the treatment or procedure recommended by the doctor. The agency will assist you in finding funding or providing you names of organization or facilities that can assist you.

### CONSENT FOR PARTICIPATION IN THE PROGRAM AND RELEASE OF INFORMATION

I have read and understand, or have had read to me and understand the explanation about the Breast and Cervical Cancer Screening Program. I have had an opportunity to ask questions about this program and I have received answers to any questions I had. Based on my understanding of this screening and follow-up program, I wish to enroll in it.

I understand that my participation in this program is voluntary and that I may drop out of the program at any time. I further understand that medical information obtained as a result of screening may be shared with other health care providers during the course of my involvement in the program or the course of my care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_