



Consent to Participate in the WISEWOMAN Program

The WISEWOMAN Program (“WISEWOMAN”) identifies risks for getting cardiovascular disease (also known as heart disease), having a heart attack, having a stroke, or getting diabetes. WISEWOMAN will work with me to make healthy lifestyle changes that may lower my risk for getting these diseases. Women must be between the ages of **40 and 64** with a household income of **less than or equal to 250%** of Federal Poverty Level and little or no insurance to be eligible for WISEWOMAN.

The Local WISEWOMAN Provider will:

- Measure my height, weight, and blood pressure
- Measure my blood sugar (glucose) and cholesterol (total cholesterol, and HDL, LDL cholesterol and triglycerides)
- Ask me questions about my health history, my family’s health history and my lifestyle, such as how many fruits and vegetables I eat and how much physical activity I get
- Use my body measurements and the information I provide to monitor my progress and evaluate the overall program
- Refer me to the *Michigan Breast and Cervical Cancer Control Navigation Program* if I am not current on my breast or cervical cancer screening. That program will help me get up to date on cancer screening services

- If any of my test results are not normal, the WISEWOMAN Provider may refer me for a medical evaluation
- If needed, the WISEWOMAN Provider may also refer me for additional blood tests for cholesterol and diabetes

- A local WISEWOMAN Health Coach will help me set a healthy small step that is interesting to me
- If I choose to participate in a community program such as Diabetes Prevention Program, TOPS, Weight Watchers or Cooking Matters, WISEWOMAN will pay for some or all the costs

- My information will be kept private and will not be shared with anyone outside WISEWOMAN unless I give my permission in writing, or as required by law.

Who Will Pay for WISEWOMAN Services?

- If I am uninsured, WISEWOMAN will pay for the services listed above as long as I am eligible for WISEWOMAN, and as long as I see a participating health care provider as directed.
- If I am insured, WISEWOMAN will pay for the covered services that are not paid for by my insurance.
- WISEWOMAN will not pay for **any other follow-up medical appointments, follow-up tests, or medicine prescribed by my provider.**
- If I cannot afford the medicine, my local WISEWOMAN Provider will help connect me to prescription assistance programs to help me pay for the medicine.

I fully understand the information in this form and agree to participate in WISEWOMAN. I also understand I have the right to refuse these services at any time. For questions, please contact 844-I GOT SCREENED (844-446-8727) or MDHHS-MiWISEWOMAN@michigan.gov.

Participant Signature

Date

Guardian Signature (if applicable)

Date

Participant Name

Guardian Name (if applicable)