



ID No. \_\_\_\_\_

**PROGRAM DESCRIPTION**

The District of Columbia Department of Health has a program called **Project WISH - Women Into Staying Healthy**. Project WISH offers women free breast and cervical cancer screening. Screening for breast cancer includes getting a yearly breast exam and a mammogram which is an X-Ray of the breast. Screening for cervical cancer means getting a pelvic exam and Pap Test which is when the doctor or nurse takes a sample from the cervix.

**INFORMED CONSENT / CONSENT FOR RELEASE OF INFORMATION**

I agree to take part in Project WISH. I have read the description above and have had a chance to ask questions about the program. Based on what I know about this program:

- I agree to have my doctors, clinics and/or hospitals give information about my mammograms, breast exams, Pap tests, pelvic exams and any related care to Project WISH.
- I know that Project WISH will help my doctors give me better care and make sure that I get the results of the tests. It will also help make sure that I know when to come back for regular check-ups.
- I know that this information will not be given to anyone else. My records will be locked up when not used by the staff. Any reports printed by Project WISH will not use my name.
- I know that I can leave Project WISH and take back my consent to release information at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name ( *print* )

\_\_\_\_\_  
Witness ( *signature* )

\_\_\_\_\_  
Name ( *print* )

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Witness ( *signature* )

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Name ( *print* )