Washington State Department of Health

Breast, Cervical and Colon Health Program
Saving Lives Through Early Detection

RELEASE AND CONSENT
FOR BREAST AND CERVICAL CANCER TREATMENT FORM

Please Print Clearly

NAME Last First MI	BCCHP PRIME CONTRACTOR SPOK Spokane Regional Health District	DATE (mm/dd/yyyy) OF DIAGNOSIS
BCCHP CLIENT ID #	CASE MANAGER Name: ____	
DATE OF BIRTH (mm/dd/yyyy) / SOCIAL SECURITY NUMBER	Phone: ____ Fax: ____	

☐ **Client Consent Form has been signed.**

Are you a Washington Resident? ☐ Yes ☐ No

Are you a United States Citizen? ☐ Yes ☐ No

Do you have documents to show your status? ☐ Yes ☐ No

If Yes, ☐ **Birth Certificate** ☐ **Passport** ☐ **Other:** ____

Where were you born? ☐ **U.S. (State: ____)** ☐ **Other (Country: ____)**

If NOT a U.S. Citizen, when was your Entry Date into the U.S.? ____

Do you have unpaid medical bills associated with this breast or cervical cancer diagnosis?
☐ **No** ☐ **Yes, Month(s)** ☐ **1** ☐ **2** ☐ **3**

I understand:

- This information will be shared with the Department of Social Health Services (DSHS).
- This information may be reviewed by other state or federal agencies.
- This information will NOT be shared with Immigration and Naturalization Services (INS).
- Release of Medical Records is given to the BCCHP for documentation of treatment.
- By asking for and receiving health care benefits, I give the state of Washington all rights to any medical support benefits and to any third party payments for health care.
- If I am over age 54 when I receive Medicaid services, I **may** be subject to Medicaid Estate Recovery upon my death.

I have read and understand the above information. I declare, under penalty of perjury, the information I have provided is true, correct, and complete to the best of my knowledge.

____ ____
Client Signature **Date**

Please start coverage on ____ .

Case Management Notes: ____

Case Manager Signature: ____ Date: ____

PLEASE FAX TO BCCHP PRIME CONTRACTOR: (509) 324-1408

For persons with disabilities, this document is available on request in other formats. To submit a request, call 1-800-525-0127 (TDD/TTY 1-800-833-6388).