

WWC RULES

FOR CLINIC STAFF USE ONLY

AGENCY #	CHART #	WWC #
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PATIENT INSTRUCTIONS: Please read this page carefully before signing below.

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
LAST 4 NUMBERS OF YOUR SOCIAL SECURITY NUMBER		DATE OF BIRTH	AGE

I understand that by being in Women's Wellness Connection (WWC), I agree to what is written on this form.

- WWC does not pay for some tests. WWC does not pay for ANY treatment. I have talked to someone from this clinic about what choices I have and understand that I may have to pay for some tests and treatment.
- WWC has rules about the age and income of the women that join the program. I have been honest about my age and my income. I do not have Medicaid or Medicare Part B. I do not have other health insurance that will pay for these tests or my health insurance has a high deductible.
- All of this information I have given to the clinic is true as far as I know. If I tell the clinic something that is not true, I may not get these tests and I may have to pay for any tests that have already been done.
- My doctor, clinic, hospital, laboratory, and mammography center may share my information with: _____ (contract agency name) and the Women's Wellness Connection (WWC) a program run by the Colorado Department of Public Health and Environment.
- If I agree to be in this program, WWC will receive my information. This may include results, costs of medical tests, insurance, and other related information that is needed for treatment, payment, and to run this program. This clinic and WWC may look at my health records to get this information. WWC is very careful to keep my information private.
- WWC, who pays for the program, looks at all of the information on the women in the program to help improve the health of women.
- I may get letters in the mail to remind me when it is time for me to go back to my doctor or clinic for tests or treatment.

When I sign this form, I am saying that I understand what this form says and that I agree to it. I also agree to be in this women's health program called Women's Wellness Connection.

SIGNATURE

NAME (PLEASE PRINT)