

Modify sections of the form below in bold, underlined, and in [] square brackets to meet your program's name and provisions

Consent Form for Prostate Cancer Screening

_____ **Program/Health Department**

Please read and sign this consent form for Prostate Cancer Screening:

- **I have read the information about Prostate Cancer Screening. I have had a chance to have my questions answered. I want to be screened for prostate cancer.**
- **I understand that this screening is to check my prostate for cancer. It is not meant to find other medical problems. I understand that there is a chance that this screening may not find prostate cancer even if I have it.**
- **I understand that a positive screening test may mean that more tests are needed.**
- **I know that I am responsible for following up with other exams or tests that are recommended.**
- **[I understand that the _____ Health Department will pay for future visits, tests, and procedures to treat prostate cancer if I am eligible for these services to the extent of available funds. Eligibility is based on my family income and whether I have health insurance.] OR [I understand that if I am found to need more tests or treatment, the _____ Health Department will not be able to pay for these tests and treatment; doctors or hospital may bill me for further services.]**
- **The information I give and the results of my prostate screening tests will be kept by the _____ Health Department cancer program, [add any other local contractors—for example the providers who will do the screenings], and the Maryland Department of Health and Mental Hygiene and its data contractor. It will be used for statistical, clinical, and program management purposes only. I may inspect, amend, and correct the information on my records. Information will not be disclosed again to others except as allowed or required by Maryland or Federal law.**
- **I understand that the results of a positive cancer screening will be sent to my medical doctor, if I list my doctor on the next page.**

If I don't get my results in 6 weeks after the screening, I should call the prostate cancer screening program at _____ for results.

I have read the above statements and agree to them.

_____ (Date)

_____ (Name)

_____ (Signature)