



I, (client's name), have been a participant of the Iowa Care for Yourself Program. The Iowa Care for Yourself Program has informed me that I should obtain the following services that the program has offered: (procedure[s] to be done). I have been offered these services because of the need for more follow-up in regard to my (name of procedure) done on (date) which had the following result: (describe finding here).

I understand that all these procedures are necessary to rule out breast cancer or cervical cancer.

I understand that by refusing the services that the Care for Yourself Program has offered, I am placing myself at risk of not being properly screened or diagnosed for cancer. I voluntarily decline further diagnostic work offered by the Iowa Care for Yourself Program.

I acknowledge that I have been informed and understand the risks of my refusal such as the possibility that breast or cervical cancer may be diagnosed in the future. Therefore, I accept full responsibility for my actions and hereby release all physicians who participated in my care and the Iowa Care for Yourself Program from all responsibility and any ill effects that may result from my refusal.

\_\_\_\_\_  
Participant/Responsible Party's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to participant, if other than self

\_\_\_\_\_  
Witness