

Iowa Care for Yourself Program Enrollment Form Informed Consent and Release of Medical Information Addendum

This form documents verbal consent provided by the Care for Yourself Program participant (named below) to the Local Coordinator (named below) to enroll in the Breast and Cervical Cancer Program.

Participant Name _____

Verbal Consent Date ____ / ____ / ____

Care for Yourself Local Program: _____

Care for Yourself Local Coordinator Name: _____

Care for Yourself Local Coordinator Signature: _____

A copy of this consent form shall be kept with the participant's file at the local program office. A hard copy of this consent form is also provided to the participant.