

# Cancer Screening Patient Acknowledgement and Consent

Welcome to the Champlain Screening Outreach! You will be working with a Nurse Practitioner (“**NP**”), who will counsel you regarding cancer screening. We are glad that you have come to us for help, and we look forward to working with you.

To give you the best possible care, we ask that you read and agree to follow the terms below, which will be discussed with you at your first visit. Please check each box to ensure you have read every term.

If you have questions, please talk to us. You can contact the Champlain Screening Outreach team by phone at 1-833-551-4125.

This Acknowledgement is effective on the date of your signature below. By signing, you agree to abide by these terms for the duration of your engagement for cancer screening at the Champlain Screening Outreach.

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I understand that:

- ☐ The Champlain Screening Outreach is providing me with cancer screening because I do not have a primary care provider (family doctor or nurse practitioner). If I find a primary care provider, I will no longer be eligible to receive services with the Champlain Screening Outreach and will be required to access cancer screening through my primary care provider.
- ☐ The Champlain Screening Outreach’s services are limited to providing cancer screening and counselling regarding my eligibility for cancer screening. The **NP is not my primary care provider** and cannot provide other health services. For example, the NP cannot write or renew my prescriptions or offer further diagnostics.
  - I understand that it is recommended that I continue to look for a primary care provider, for example by placing my name on the Health Care Connect service waitlist.
  - Some cancer screening tests will show incidental, or unexpected, findings not related to cancer screening that will be outside the scope of the Champlain Screening Outreach. In this case, the NP will discuss with me my options and may refer me to other providers as appropriate.
- ☐ I may have symptoms or a medical history that preclude me from screening. These will be discussed with me as appropriate. In the event that I do not qualify for screening, the NP will discuss with me my options and may refer me to other providers as appropriate.
  - Eligibility for each type of cancer screening varies, and I will be informed if I am or have become ineligible for further cancer screening and therefore can no longer access services with the Champlain Screening Outreach.
- ☐ Some cancer screening tests and their follow-up can take several months or even years to complete. The Champlain Screening Outreach can only contact me if it has up-to-date contact

information. I will therefore inform the Champlain Screening Outreach if I change my contact information.

- ☐ **Many people are waiting for cancer screening at the Champlain Screening Outreach. To keep my spot, it is important that I go to each appointment. If I have two “no shows” within six months, I may be discharged from the Champlain Screening Outreach and will no longer be able to receive counseling there. I understand that there are exceptions if I am suddenly sick or have an emergency.**
  - A “no show” is when:
    1. I miss an appointment without calling the clinic at least 48 hours before my appointment, or
    2. I come to the appointment more than 15 minutes after it was supposed to start.
- ☐ If I need to cancel my appointment, I must call the Champlain Screening Outreach at least 48 hours before my appointment time to reschedule. This will give the Champlain Screening Outreach a chance to fill the spot with another patient who is waiting for an appointment.
- ☐ The Champlain Screening Outreach will provide me with the results of my cancer screening and recommendations for next steps but **will not become my primary care provider**. I am responsible for following these recommendations, including, if applicable, contacting a specialized care provider.
  - If my cancer screening test results are normal, I will be responsible for re-referring myself to the Champlain Screening Outreach at the recommended intervals. The Champlain Screening Outreach **will not remind me** that I am due for routine screening.
- ☐ The Champlain Screening Outreach is not an emergency department and does not accept walk-ins.
- ☐ I will speak and act respectfully at all times. Aggressive behavior, verbal abuse, and harassment from patients and visitors toward staff is not allowed.

I understand and agree to follow all the terms in this document. If I do not follow them, I may be discharged from the Champlain Screening Outreach and may not be able to receive care there.

Your name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_