



*Iowa Care for Yourself Program – Comprehensive Services*

**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 move from the Care for Yourself Limited Program (Breast and Cervical Cancer Program only) to the Care For Yourself Comprehensive Program (Breast and Cervical Cancer Program and WISEWOMAN Program).**

**Participant Name** \_\_\_\_\_

**Participant Initials** \_\_\_\_\_ **Verbal Consent Date** \_\_/\_\_/\_\_

**WISEWOMAN Local Program** \_\_\_\_\_

**WISEWOMAN Local Coordinator Name** \_\_\_\_\_

**WISEWOMAN Local Coordinator Signature** \_\_\_\_\_

**This form shall be kept with the participant’s file at the local program office. A copy of this addendum and the WISEWOMAN consent form shall be mailed to the participant.**