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)