

Agreement to Take Part in Low-Dose Computed Tomography (LDCT) Screening for Lung Cancer Screening

The goal of Low-Dose Computed Tomography (LDCT) screening is for early detection of lung cancer. LDCT screening for lung cancer has been proven to detect lung cancer at earlier stages, which may improve lung cancer survival rates. However, as with any test or procedure, LDCT screening comes with risks. The following risks are known to occur with LDCT screening:

- Anxiety caused by abnormal findings
- Finding some other disease
- Having more and possibly unneeded radiation
- A false negative result which may not detect lung cancer

Acknowledgement

In the event of a positive screening result, it may become necessary for further testing. In a minority of cases, this may include invasive procedures such as surgery.

I know that if I am a smoker now, I will be referred to a tobacco cessation program or have counseling completed by a Susquehanna Health Lung Navigator.

If I am a former smoker, I understand the importance of maintaining cigarette smoking abstinence.

I know that taking part in this screening is my choice. I also know that to take part, I have to meet certain eligibility criteria. The criteria were explained to me.

I authorize Susquehanna Health to use and release my protected health information for the purposes of lung cancer screening and follow up. Susquehanna Health may contact me in the future about my health status, smoking status, and further screening. This authorization will also allow the multidisciplinary screening committee to review my results.

By signing here, I understand the importance of adherence to the recommended follow-up and **annual** LDCT lung cancer screenings. All of my questions have been answered. I agree to take part in lung cancer screening at Susquehanna Health.

Patient Name: _____ Patient DOB: _____

Patient Signature: _____ Date: _____ Time: _____

Provider Signature: _____ Date: _____ Time: _____

Form Instructions:

Referring to Lung Navigator:

1. Ordering office should fax Lung Cancer Screening Order Requisition Form and Insurance preauthorization to SH Lung Navigator:
Tioga County: (fax: 570-723-2878) Lycoming County: (fax: 570-326-8590)

Referring Directly to Imaging Center: (ordering provider completes all aspects of prescreening)

1. Provider to give patient copy of Lung Cancer Order Requisition Form to patient. 2. Patient should take these with them to the Imaging Center 3. Provider to fax copies of Requisition Form, Agreement to Take Part in Lung Cancer Screening Form, all insurance preauthorization information, and tobacco cessation information to appropriate Imaging Center fax:

MVH (fax: 570-546-4217) WRMC (fax: 570-321-2522) MTSVL PLAZA (fax: 570-601-8558) SSMH (fax: 570-723-0188)

Also fax to Tumor Registry (fax:570-326-8865)

UPMC SUSQUEHANNA
Agreement to Take Part in LDCT Screening
for Lung Cancer