

Patient Name: _____ DOB: _____ Today's Date: _____

A Woman's Place, LLC - Care Agreement

Reflex Testing:

Pap smears may reveal that a patient is at risk for the Human Papillomavirus (HPV), which can be associated with cervical cancer. If your Pap test reveals abnormalities, depending on your age, A Woman's Place, LLC may authorize the pathologist to automatically reflex to testing for several high risk HPV strains. HPV testing with a Pap smear (cotest) is recommended for all patients age 30 and older. Cotests will be billed to you and your insurance by the pathology provider.

☐ I Accept ☐ I Decline High Risk HPV testing _____ Staff Initials

Gonorrhea & Chlamydia Testing:

A Woman's Place, LLC recommends routine Gonorrhea and Chlamydia testing for all women age 25 and under, and/or women who have had a new partner since they were last tested. These tests will be ordered as standard tests at the beginning of your pregnancy and/or at your request.

☐ I Accept ☐ I Decline Gonorrhea & Chlamydia testing ☐ N/A _____ Staff Initials

Communicable Disease Testing:

A Woman's Place, LLC recommends routine STI testing, including: HIV, Syphilis, Hepatitis B, and Hepatitis C for all women who have had a new partner since they were last tested. These will be ordered as standard tests at the beginning of each pregnancy and/or at your request.

☐ I Accept ☐ I Decline STI testing ☐ N/A _____ Staff Initials

Lab Results:

A Woman's Place, LLC recommends that you request access to your lab results during your blood draw. In many cases, you may be able to request that results are sent/uploaded securely to your phone. If you have questions regarding your lab results, please schedule a follow-up appointment to discuss them with your provider.

Privacy Practices:

I have been offered the opportunity to review, read, and understand the A Woman's Place, LLC Notice of Privacy Practices. I hereby consent that my health records may be disclosed to necessary parties for the purposes of my treatment, payment, and health care services. I understand that I may revoke my consent at any time. A revocation form must be completed and returned to A Woman's Place, LLC to be enforced and in put into effect the day it is received.

Patient Signature

Date