



Patient Label

Low-Dose Computed Tomography (CT) Lung Cancer Screening Patient Commitment

I _____ agree to participate in **Firelands Regional Medical Center's** (FRMC) program for low-dose computed tomography (LDCT) lung cancer screening. I understand that my referring healthcare provider _____ has evaluated my current risk factors for the possible development of lung cancer; as proposed by the Centers for Medicare and Medicaid Services (CMS)/ U.S. Preventive Services Task Force (USPSTF), and has suggested my involvement in this program.

Eligibility Criteria includes:

- Age 50-77 years
- Asymptomatic (no signs or symptoms of lung cancer)
- Tobacco smoking history of at least 20 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes)
- Current smoker or one who has quit smoking within the last 15 years

By signing this document I agree to adhere to Firelands Regional Medical Center's LDCT program for a period of 3 years which includes, but is not limited to:

- Completing a Medical History questionnaire provided by FRMC
- Undergoing initial LDCT imaging and screening
- If necessary, attending a post-imaging follow-up appointment with a pulmonologist to discuss findings and plans for continued monitoring, further testing and/or treatment options.
- Minimum yearly follow-up LDCT imaging for a period of 3 years
- Additional follow-up testing as recommended by FRMC's LDCT Program Physician(s)/Providers
- Routine follow-up with your Primary Care Physician (PCP)
- Authorization of use and disclosure of protected health information (PHI) by means of direct access (for all necessary providers/associated facilities) to eClinicalWorks Electronic Health Exchange (eEHX)

I understand that non-adherence to the above stated requirements will result in a discharge from the program. If you agree to participate in this program and adhere to the above listed criteria please sign below.

Patient's Name (Printed): _____ Date: _____

Patient's Signature: _____ Date: _____