

**we are here for you**

 **colorado ovarian cancer alliance**  
 [www.colo-ovariancancer.org](http://www.colo-ovariancancer.org)

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## Direct Contact

Susan Hess, LPC - COCA Navigator

1-720-519-3122

[susan@colo-ovariancancer.org](mailto:susan@colo-ovariancancer.org)

Online Form: [www.color-ovariancancer.org/contactconsent.html](http://www.color-ovariancancer.org/contactconsent.html)

## COCA.Connections

We understand that a diagnosis of ovarian cancer can be a very challenging, life-altering event. At Colorado Ovarian Cancer Alliance, we are committed to assisting you, and those supporting you, in managing this event through emotional, social and financial assistance. You can contact Susan, our COCA Navigator, to learn more: 720-519-3122, [susan@colo-ovariancancer.org](mailto:susan@colo-ovariancancer.org). We are here for you.

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### Group Support

Connect with other women going through an ovarian or other gynecologic cancer diagnosis in a professionally facilitated supportive setting. Women in all phases of the cancer experience are welcome: newly diagnosed, in treatment, after treatment, in recurrence, and long-term survivors. We have five **Nicki's Circle Ovarian Cancer Support Groups** per month, including one by phone. Please contact Susan before attending the first time.

### Individual Support

We are available to talk with you individually by phone about the emotional challenges of being diagnosed, of going through treatment and adjusting to life after treatment. Our "professional mentors" are master's level counselors trained as part of our **Ovarian Cancer: Individual Support Program (ISP)**.

### Peer Support

If you are interested in talking with another survivor directly, we will do our best to match you with a woman from our community in our **Peer Mentor Program** who has a similar ovarian cancer diagnosis.

### Chemo Support

For women newly diagnosed with ovarian cancer, contact us for a free **Comfort Kit** of items in a canvas tote bag to take with you to chemo. The kit includes a copy of our 80-page Resource Guide.

### Information Support

Our 80-page **Colorado Ovarian Cancer Resource Guide** provides useful tips, information and resources available locally and nationally. Order a print version, or download as a PDF online on our website.

### Financial Support

We provide assistance to women dealing with financial hardship based on application qualifications through our **COCA.Cares Financial Assistance** program. Download a copy of the application on our website.

### Young Survivor Support

COCA partners with the **Young Survivors Group: GET + TOGETHER**, that meets the first Thursday evening of the month at a local restaurant. We can add you to the email list for monthly reminders.

**Please check our website for information on these programs: [www.color-ovariancancer.org](http://www.color-ovariancancer.org)**

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## Consent to Contact

Fax to: 1-866-517-0215

Scan to: [susan@colo-ovariancancer.org](mailto:susan@colo-ovariancancer.org)

Online form: [www.color-ovariancancer.org/contactconsent.html](http://www.color-ovariancancer.org/contactconsent.html)

Please complete the following information and send to us via one of the methods above. When the form is received, a COCA Navigator will reach out and arrange a call or visit with you. The information you provide to us is confidential. For any questions, please contact the COCA Programs Director at: 720-519-3122.

**Is it okay for us to contact you?** ☐ YES ☐ NO

**What is your preferred method of contact?** ☐ phone ☐ email ☐ text

### Patient/Caregiver info

☐ Patient ☐ Caregiver

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ // \_\_\_\_\_ // \_\_\_\_\_ Date of Recurrence: \_\_\_\_\_

Stage/type: \_\_\_\_\_ Doctor: \_\_\_\_\_

If Caregiver, relationship to patient: \_\_\_\_\_

### COCA Support Programs: (check all of interest to you)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Group Support Denver - Central   | <input type="checkbox"/> Group Support - Telephone          | <input type="checkbox"/> Chemo Support-Newly Diagnosed |
| <input type="checkbox"/> Group Support South - Littleton  | <input type="checkbox"/> Individual Support                 | <input type="checkbox"/> Info Support - Resource Guide |
| <input type="checkbox"/> Group Support North - Boulder    | <input type="checkbox"/> Peer Support                       | <input type="checkbox"/> Financial Support             |
| <input type="checkbox"/> Group Support NOCO - Ft. Collins | <input type="checkbox"/> Young Survivor Support (20-39 yrs) | <input type="checkbox"/> Online Support                |

**May we put you on our eNewsletter mailing list?** ☐ YES ☐ NO

### Patient Confidentiality Agreement:

To ensure privacy protection as part of the Health Insurance Portability and Accountability Act (HIPAA) and to provide individuals with control over what personal information is used & disclosed, I, \_\_\_\_\_, agree to provide the above information to Colorado Ovarian Cancer Alliance. COCA keeps all info confidential and does not share it with outside organizations.

Signature of Patient/Caregiver/Guardian

Date

### Healthcare Professional making a referral:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_