

Patient Consent Agreement for Chronic Care Management Services

Dear Patient,

Medicare has introduced a new program for all Medicare beneficiaries known as CCM Services (Chronic Care Management Services). As a patient with two or more chronic conditions, you qualify to take part in this program. This program is designed to help us work together to improve your health.

CCM services include: 24/7 access to a member of your care team via phone or other non-face-face means; a designated practitioner or care team member with whom you can schedule routine appointments; receive a comprehensive assessment of your health care needs; receive timely preventive care services; oversight of your medication regimen; jointly create a comprehensive care plan with your health goals in mind. Your care team will also manage care transitions across different providers and settings in addition to coordinating with home and community-based clinical service providers.

By signing this agreement, you consent to receive these services and agree to the following:

- Your provider has explained to you the availability and the elements of the CCM services that are relevant for your condition(s).
- You understand that Medicare permits only one practitioner to furnish and be paid for these services during a calendar month.
- You understand that you will receive a written or electronic copy of your comprehensive care plan.
- You authorize electronic communication of your medical information with other treating providers.
- Your provider has explained to you any potential cost-sharing obligations that may apply when receiving CCM services.

You have the right to stop receiving CCM services at any time, effective at the end of a calendar month. You may revoke this agreement verbally by calling or emailing your provider.

****Please note, CCM services are in addition to, and not a replacement for care you are currently receiving. Please contact your healthcare team for any additional questions you may have. If you are experiencing a medical emergency, you should dial 911 or go to your nearest emergency room or urgent care center.**

By signing below, you agree you have read and understand all of the above information and give your consent to participate in the CCM Services available.

Signature: _____

A handwritten signature in black ink, appearing to be "J. [unclear]".

Signed date: **09/27/2022**

Patient Name: **Xtestt 020**

Phone number: **098-765-4320**