



CONSENT AGREEMENT FOR PROVISION OF CHRONIC CARE MANAGEMENT

Chronic care management services (referred to as "CCM Services") are available to you because you have been diagnosed with two (2) or more chronic conditions which are expected to last at least twelve (12) months and which place you at significant risk of your healthcare declining. By signing this Agreement, you consent to " _____ " (referred to as "Provider"), providing chronic care management services to you as more fully described below.

CCM Services include 24-hours-a-day, 7-days-a-week access to a health care provider in Provider's practice to address acute chronic care needs; systematic assessment of your health care needs; processes to assure that you timely receive preventative care services; medication reviews and oversight; a plan of care covering your health issues; and management of care transitions among health care providers and settings.

The Provider will discuss with you the specific services that will be available to you and how to access those services. Sometimes other staff from our practice will talk to you or handle issues related to your care, but please know that your assigned clinician will supervise all care provided by our staff or clinicians who may be involved in your care.

Provider's Obligations. When providing CCM Services, the Provider must:

- Explain to you (and your caregiver, if applicable), and offer to you, all the CCM Services that are applicable to your conditions.
- Provide to you a written or electronic copy of your care plan.
- If you revoke this Agreement, provide you with a written confirmation of the revocation, stating the effective date of the revocation.

Beneficiary Acknowledgment and Authorization. By signing this Agreement, you agree to the following:

You consent to the Provider providing CCM Services to you.

- You authorize electronic communication of your medical information with other treating providers as part of coordination of your care. As needed, we will share your health information electronically with others involved in your care. Please rest assured that we continue to comply with all laws related to the privacy and security of your health information.
- Medicare will allow us to bill for these services during any month that we have provided at least 20 minutes of non-face-to-face care of you and your conditions. The charge for this service (CPT code 99490) is dependent upon the type of coverage and maybe subject to copay and/or deductible (range \$0 up to \$45). Our office will have a record of our time spent managing your care if you ever have a question about what we did each month. We expect that participation in this program may help us care for you better, with less need for office visits and the associated copayment and deductible costs.
- You understand that cost-sharing will apply to CCM Services, so you may be billed for a portion of CCM Services even though CCM Services will not involve a face-to-face meeting with the Provider.
- Only one physician can bill for this service for you. Therefore, if another one of your physicians has offered to provide you with this service, you will have to choose which physician is best able to treat you and all of your conditions. Please let your physician or our staff know if you have entered into a similar agreement with another physician/practice.
- You have the right to stop CCM Services at any time by revoking this Agreement effective at the end of the then-current month. You may revoke agreement by contacting our office manager and requesting a Revocation of Agreement for Chronic Care Management Form. The form must be completed, signed and returned. Upon receipt of your revocation, the Provider will give you written confirmation (including the effective date) of revocation.

Signature: _____

Beneficiary or Beneficiary's Representative and/or Caregiver (if applicable)

Print Name: _____ **Date:** _____