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www.colemedical.health

Consent for CCM services

By signing this agreement, you consent to Cole Medical and its providers providing chronic care management services (referred to as "CCM services") to you as fully described below:

- CCM services are available to you because you have been diagnosed with two or more chronic conditions which are expected to last at least 12 months and which place you at significant risk of further health complications or decline.
- CCM Services include extended access to health care providers in our practice that can address acute exacerbations of chronic care needs, systematic assessment of your health care needs, processes to assure that you receive timely services, medication management, management of care, a plan of care covering your health issues, and transitional care between health care providers and settings. Your provider will discuss with you the specific services that are available to you and how to access those services.

Provider's Obligations:

- When providing CCM services, your provider shall:
 - Explain to you/care giver the CCM services that are applicable to your conditions
 - Provide to you a written or electronic copy of your care plan
 - Provide you with a written confirmation of any revocation of CCM services that you make and its effective date.

Beneficiary Acknowledgment and Authorization:

- By signing this agreement you agree to the following:
 - You consent to receiving CCM services
 - You authorize electronic communication of your medical information with other treating providers as part of the coordination of your care
 - You acknowledge that only one provider can furnish CCM services to you during a calendar month.

Beneficiary Rights:

- By signing this agreement you agree to the following rights:
 - You have the right to stop CCM services at any time by revoking this agreement in writing to Cole Medical which will become effective at the end of the current month. You may revoke this agreement verbally by calling **945-426-8057** or by writing an email and sending it to: colemedical@icloud.com.

Signature: _____

Printed name: _____ **Relationship to patient:** _____