

# Carolina Family Health Centers, Inc.

Carolina Family Dental Center • Freedom Hill Community Health Center • Harvest Family Health Center • Wilson Community Health Center

## Care Management Consent

By signing this Agreement, you consent to Carolina Family Health Centers, Inc. (CFHC, Inc.) providing care management services (CM) to you as more fully described below. This is also referred to as advanced primary care management (APCM) under Medicare.

CM Services are available to you because you have been diagnosed with one or more chronic conditions that are expected to last at least twelve (12) months and which place you at significant risk of further decline.

CM Services include 24-hours-a-day, 7-days-a-week access to a CFHC, Inc. healthcare provider 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. Your provider will discuss with you the specific services available to you and how to access those services.

### Provider's Obligations

*When providing CM Services, your medical provider must:*

- Explain to you (and your caregiver, if applicable) and offer to you all the CM Services that are applicable to your conditions.
- Provide you with a written or electronic copy of your care plan.
- If you revoke this Agreement, provide you with 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 your medical provider providing CM Services to you.
- You acknowledge that only one practitioner can furnish CM Services to you during a calendar month.
- You understand that cost-sharing applies to CM Services, so you may be billed for a portion of CM Services even though CCM Services do not involve a face-to-face meeting with your medical provider. You may be eligible for reduced fees depending on your income. Ask a staff person for an application to apply.

### Beneficiary Rights

*You have the following rights with respect to CM Services:*

- Your medical provider will provide you with a written or electronic copy of your care plan upon checkout, clinical summary. Copies are available on the patient portal.
- You have the right to stop CM Services at any time by revoking this Agreement, effective at the end of the then-current month. You may revoke this agreement by calling or mailing a letter to CFHC, Inc. Upon receipt of your revocation, your provider will cease providing CM services to you.

#### Beneficiary

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Signature

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Patient's Name (Print)

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Date

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DOB

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MRN #

#### Beneficiary's Representative and/or Caregiver (If applicable)

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Signature

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Name (Print)

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Date

The patient provided verbal consent via phone on \_\_\_\_\_ Received by \_\_\_\_\_  
Date \_\_\_\_\_ Staff \_\_\_\_\_

January 2026

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