

CHRONIC CARE MANAGEMENT SERVICES CONSENT

Remote or virtual care management services, like Chronic Care Management (“CCM”), use digital tools to help manage your care when you’re not at a doctor’s office. This means you can get support and stay connected with your healthcare team while you’re at home, at work, or anywhere outside a clinic. CCM is designed to help people who have two or more long-term health conditions that are expected to last a year or more. The goal is to improve how your care is coordinated and delivered. With CCM, you’ll have ongoing support from your care team, even outside of regular doctor visits. Services often include virtual check-ins, help managing your conditions, and easy sharing of health information. You’ll also have 24/7 access to clinical and preventive care through your primary care provider, helping you stay on top of your health whenever you need it.

1. Benefits of CCM Services:

- **Better Health Management:** Regular contact and follow-up can help prevent complications and reduce hospital visits.
- **Coordinated Care:** Your care team works together to ensure all your healthcare needs are addressed, including medications, appointments, and referrals.
- **24/7 Support Access:** Some CCM programs offer access to healthcare advice or coordination support outside normal office hours.
- **Improved Quality of Life:** By staying on track with your care plan, you may experience fewer symptoms and better daily functioning.

2. Potential Risks or Considerations:

- **Cost Sharing:** Depending on your insurance, you may be responsible for a monthly copayment or coinsurance for CCM services.
- **Privacy Concerns:** Your health information will be shared among care team members as part of your coordinated care. All data is handled according to HIPAA privacy laws.

3. Consent to Participate in Care Management Services

I voluntarily agree to participate in the Chronic Care Management Program offered by Pair Team.

I understand and acknowledge that:

- I have been explained and understand what Chronic Care Management services are and how they can be used to support my care.

Pair Team Medical Group of California, P.C.

- I will be assigned a dedicated care team who will work closely with my healthcare providers to support my ongoing health needs.
- This program provides non-face-to-face services (like phone check-ins or care coordination) that happen outside of an in-person visit with my provider. This may include help with medication management, appointment coordination, answering health-related questions, and creating a personalized care plan to support the ongoing management of your chronic conditions.
- I will have 24/7 access to my care team for urgent needs.
- I understand that the CCM services are NOT emergency services and my data WILL NOT BE MONITORED 24/7. If I think I am experiencing a medical emergency, I understand I should CALL 911 IMMEDIATELY or go to the nearest emergency department.
- I understand that participation is voluntary and I may opt out at any time by notifying Pair Team.
- I understand this program is covered by Medicare, but I am responsible for all applicable copay, coinsurance, deductible, and non-covered amounts depending on my coverage (including, if I am a Medicare beneficiary, the 20% coinsurance for Part B services).
- I understand I can only be enrolled in CCM services with one provider at a time
- I authorize Pair Team to access my health records and share relevant information with my healthcare providers, care team, and Health Information Exchanges (HIEs) as needed to confirm my eligibility for this program and for my care coordination.

Pair Team
Signature on File Authorization

Authorization for Release of Information

I request that payment of authorized Medicare benefits be made either to me or on my behalf to the name of provider of service and (or) supplier for any services furnished to me by that provider of service and (or) supplier.

I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related service.

Authorization for for the payment of benefits to the provider

I request that payment of authorized Medigap benefits be made either to me or on my behalf to the provider of service and (or) supplier for any services furnished to me by that the provider of service and (or) supplier.

I authorize any holder of Medicare information about me to release to (Name of Medigap Insurer) any information needed to determine these benefits payable for related services.