



**CONSENT AGREEMENT
FOR PROVISION OF CHRONIC CARE MANAGEMENT**

By signing this Agreement, you consent to _____ (referred to as "Provider"), providing chronic care management services (referred to as "CCM Services") to you as more 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 decline.

CCM Services include 24-hours-a-day, 7-days-a-week access to a health care provider in the 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.

Provider's Obligations

When providing CCM Services, the Provider must:

- Explain and offer all the CCM Services that are applicable to your conditions.
- Provide a printed 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.

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.
- You acknowledge that only one practitioner can furnish CCM Services to you during a calendar month.
- 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.

Beneficiary Rights.

You have the following rights with respect to CCM Services:

- A copy of your care plan.
- 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 this agreement verbally by calling 718-855-4900 or by writing to 332 Dekalb Ave Brooklyn NY 11205.

Beneficiary and/or Caregiver

Signature: _____
Print Name: _____
Date: _____

Beneficiary's Representative

Signature: _____
Print Name: _____
Date: _____

Andras Fenyves, MD
Primary Care Internal Medicine

Alvin Addes, MD
Internal Medicine

Jennifer Allen, ANP-BC
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