***CHRONIC CARE MANAGEMENT PROGRAM***

***CONSENT***

*On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) we discussed our Chronic Care Management Program.*

*The benefits and its purpose were explained to you and you understand what to expect from the program.*

*You verified you understand the following:*

* *There may be a possible co-insurance*
* *You can cancel the CCM program at any time*
* *Your Care Plan may be shared with your other providers*
* *You can only be enrolled in one CCM program at a time*

*Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*