



CONSENT AGREEMENT FOR PROVISION OF CHRONIC CARE MANAGEMENT

Addiction and substance use disorder are chronic conditions. Addiction care that produces the best outcome is a combination of medical and behavioral management, close monitoring, patient accountability, a broad family and social support, and a life-long engagement in treatment.

Addiction Care of Excellence (referred to as "ACE") proudly provides chronic care management services (referred to as "CCM Services") to you to achieve the best outcome of addiction care.

CCM Services from ACE is a bi-directional patient and ACE provider engagement program:

- 24-hours-a-day, 7-days-a-week access to an ACE provider to
 - address acute medical or behavioral problems as they come up
 - prevent relapses from happening in the moments of vulnerability
 - obtain support in the moments of need
- Regular reach out by ACE providers through telephone to
 - assess patient's well being and the need for intervention
 - contact family members or other authorized caregivers for assessment and monitoring
 - coordinate with other recovery providers on the patient's care
- An individualized care plan tailored for each patient including
 - a reasonable goal
 - family and social support structure
 - monitoring and accountability agreement
- A dedicated patient liaison and advocate to assist patients on their care beyond their clinic visits
 - appointment, referrals, authorizations
 - prescription issues
 - preparation for visit and post visit follow up

The cost of ACE CCM service

- \$50 per 30 minutes per calendar month.
- A minimal of \$50 per calendar month.
- A deposit of \$150 is required.
- No insurance participation

Confidentiality on Health Information

- Permit to discuss my health information over the phone
- Permit to discuss my health information with my other healthcare providers

Participant's Rights:

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 or in writing. Upon receipt of your revocation, ACE shall give you written confirmation (including the effective date) of revocation. You may request a report of the CCM services rendered to you as documented in your electronic medical records.

Patient:

**Patient's Representative and/or Caregiver
(if applicable)**

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____