

CLINICAL CASE MANAGEMENT & CARE COORDINATION PROGRAM PATIENT CONSENT FORM

Introduction

The Clinical Case Management & Care Coordination Program is intended to support you, the patient, in identifying needs and addressing them through an individualized plan of care. These services attempt to respond to the broad range of physical, emotional, and social needs individuals with complex care needs may encounter; the focus will be in assuring access to medical care and other critical services. Clinical Case Management/Care Coordination promotes dignity and self-affirming choices of individuals through advocacy and support for personal, familial, and community goals. Clinical Case Management/Clinical Care Coordination can assist with gathering and coordinating the variety of medical, financial, social and personal services required. You have been offered Clinical Case Management & Care Coordination Program to assist you in meeting your service needs. You are eligible to participate because you meet the criteria needed for Clinical Case Management & Care Coordination Program.

Data Privacy/Confidentiality

By consenting to participate in the Clinical Case Management & Care Coordination Program, you agree to provide information at the time of enrollment and periodically thereafter which will assist in data collection, assessment, and the determination of an individualized plan of care. Your progress with meeting the goals identified in your plan of care will be through discussions with your case manager/care coordinator. Any information compiled about you will be maintained in a confidential manner, with access limited to others who are involved in your care, and to others for whom you have provided consent for sharing information. Any identifiable information obtained in connection with your participation with the Clinical Case Management & Care Coordination Program will be disclosed only with your consent.

Description of Services

You will be assigned a Clinical Case Manager, Disease Manager or Care Coordinator who will assist you with identifying and meeting your service needs. There are requirements for meeting with and communicating with your case manager, disease manager or care coordinator, depending on the level or type of service you may need. At some time during participation in the Clinical Case Management & Care Coordination Program the service level may be changed to best suit the patient's needs. Acceptance, refusal, or termination of medical management or care management services does not affect participation or eligibility to benefits, treatments, or services otherwise covered.

Duration of Services

Clinical Case Management & Care Coordination Program Services will end when:

- Patient's stated agreed-upon goals and needs have been met and services are no longer needed.
- Patient does not wish to participate in the program regardless of progress on stated goals.
- Patient rescinds consent to participate.
- Patient has moved to another region and a case management program hand off has been performed.
- Patient chooses to receive case management services at another military treatment facility.
- When the contact between you and your case manager has either ceased or has been determined by either party to be ineffective.
- Patient has been physically threatening or verbally abusive toward Clinical Case Management & Care Coordination staff.
- Determination by the medical manager that he/she is no longer able to perform or provide appropriate Clinical Case Management & Care Coordination Program services (e.g., non-adherence of patient to plan of care)

Benefits/Compensation

The Clinical Case Management & Care Coordination Program is provided free of charge to the patient and no form of compensation will be accepted. Services provided by the Clinical Case Management & Care Coordination Program at (name of provider MTF) are considered a beneficial and cost effective means for individuals with complex care needs to identify and address presenting needs toward enhanced quality of life for themselves.

No form of compensation is available to patients for participating in the Clinical Case Management & Care Coordination Program.

Rights and Responsibilities

As a recipient of Clinical Case Management & Care Coordination Program services you have the right to:

- Respectful treatment.
- Recognition of your dignity and right to privacy.
- Information about the program and the reason for your selection in it.
- Whenever possible, the same Clinical Case Manager and Care Coordinator to support and assist you over time.
- Confidential treatment of your personal health information (PHI).
- Upon request, an explanation of how the program may share your PHI with other entities.
- Access to your medical record according to applicable federal and state laws. Input to decisions about your case management plan. This includes candid discussions of appropriate and medically necessary treatment options, regardless of cost or benefit coverage.
- Reasonable access to medical services.
- Health care services performed without discrimination based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, sexual orientation or national origin.
- Means to voice complaints and appeals about the health decisions or health care provider.
- A timely response to questions or complaints.

- To refuse Clinical Case Management & Care Coordination Program services and to be told the implications of such refusal.
- To obtain notification and a rationale when Clinical Case Management & Care Coordination Program services are terminated, upon request.

As a patient of the Clinical Case Management & Care Coordination Program it is important to:

- Notify your case manager of any changes in address and/or telephone number to achieve regular and effective communication.
- Give practitioners as much information as possible to help them care for you.
- Participate in setting appropriate goals with your Clinical Case Management & Care Coordination Program and health care providers
- Follow the plans and instructions for care that you agree to with your practitioners.
- Review all service materials carefully and consider possible consequences of not complying with recommended treatment.
- Ask questions to be sure you understand your practitioner's explanations and instructions.
- Treat others with the same respect and courtesy expected.
- Keep appointments or give adequate notice if you must delay or cancel them.
- Notify your Clinical Case Management & Care Coordination Program manager, if you choose to not participate in the Clinical Case Management & Care Coordination Program.
- In addition to providing consent for Clinical Case Management & Care Coordination Program services you will be asked to sign an Authorization for Disclosure of Medical or Dental Information (**DD form 2870**). This form allows your case manager to coordinate healthcare and obtain information from others toward goal progress. If you choose not to give your case manager consent to communicate with others involved in your care, certain services may be affected.

Questions about Case Management

You are free to ask whatever questions you have at any time. You may contact your assigned case manager or the Clinical Case Management & Care Coordination Program supervisor with questions you may have regarding Clinical Case Management & Care Coordination Program.

Grievance Procedure

If, at any time during the course of your involvement with the Clinical Case Management & Care Coordination Program, you experience concerns that warrant formal attention, you are encouraged to resolve the concern with your assigned case manager. If this process proves unsatisfactory, if you determine that doing so would jeopardize your relationship with this provider, or if there are concerns for personal safety, you may contact the _____ at _____.

(Phone number)

Consent/Acceptance of Clinical Case Management & Care Coordination Program Services

Initial: _____ By signing below, I acknowledge that I have read and understand the above information and agree to receive Clinical Case Management & Care Coordination Program services.	
Initial: _____ I further authorize the authorized case manager or care coordinator to communicate with me in writing, electronically, or by telephone, as may be necessary for the purpose of my healthcare coordination and management.	
Initial: _____ I may, without consequence, withdraw my participation from the program at any time after signing this document.	
Initial: _____ I acknowledge that I have received copies of this consent form and release of information document.	
Initial: _____ I may request and receive a copy of this signed consent form at any time. Any and all copies of this document are to be considered as binding as the original.	
Sponsor or Guardian (Signature)	Date and Time
Sponsor or Guardian (Please Print)	
Clinical Case Management / Care Coordination Manager (Signature)	Date and Time