

# Chronic Care Management (CCM) Patient Consent Form

**Baytown Internal Medicine  
Associates, PLLC**

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

**Date of Birth:** \_\_\_\_\_

**Medical Record #:** \_\_\_\_\_

## **Purpose of CCM Services:**

Chronic Care Management (CCM) services are designed to help patients with two or more chronic conditions by providing ongoing care coordination outside of regular office visits. These services may include:

- Regular communication with your healthcare team
- Medication management and review
- Coordination with specialists and other providers
- Development and monitoring of a personalized care plan
- 24/7 access to clinical staff for urgent needs

## **Patient Rights and Responsibilities:**

Participation in CCM is voluntary. You may withdraw consent at any time by notifying our office in writing.

Only one provider may furnish and bill CCM services for you during a given month.

- CCM services may involve sharing your health information with other providers involved in your care.
- Standard copayments and deductibles may apply depending on your insurance coverage.

## **Consent Statement:**

I understand the nature of Chronic Care Management services and agree to participate. I acknowledge that:

- My provider will furnish CCM services each month unless I choose to stop.
- I may discontinue CCM services at any time by notifying the practice.
- I authorize the sharing of my health information with other providers as necessary for care coordination.
- I understand that standard insurance cost-sharing may apply.

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

**Date:** \_\_\_\_\_

**Provider/Staff Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_