



## Integrated Care Management Services

### Consent for Services:

By signing this form, I, \_\_\_\_\_ (patient's name), hereby consent to participate in the Chronic Care Management (CCM), Remote Patient Monitoring (RPM), Principal Care Management (PCM), and Remote Therapeutic Monitoring (RTM) services provided by Care Mountain. **I understand that these services are voluntary and that I can withdraw my consent at any time.**

### Nature of Services:

- a) I understand that the services provided by Care Mountain are **not a substitute** for direct in-person health care visits or health care emergencies. **Non-emergency** services will be provided during day time/week days from 8am-4 pm.
- b) I am aware that Care Mountain will collect, use, and disclose my health information as part of these services.
- c) I understand that the data collected will be used to guide my treatment and care plan by the provider.
- d) Benefits include improved access to care, continuous monitoring of health status, and personalized care management.

### Data Privacy and Security:

- a) I acknowledge that Care Mountain will take appropriate measures to ensure the confidentiality and security of my health information.
- b) I understand my rights to access and control my health information under applicable privacy laws.

### Patient Responsibilities:

- a) I agree to provide accurate and complete health information.
- b) I will inform Care Mountain of any changes in my health status or contact information.
- c) I agree to use the provided technology as instructed for the purpose of RPM and RTM services.

### Billing and Costs:

- a) I understand that there may be costs associated with these services, which may be billed to my insurance.
- b) I agree to be responsible for any copayments or deductibles as per my insurance plan.

### Contact Information:



Remote Patient Management  
Chronic Care Management

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For any questions or concerns regarding these services, I can contact Care Mountain at:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Patient Consent:

I have read, or have had read to me, this consent form. I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I consent to participate in the services provided by Care Mountain as described above.