



CONTINUOUS CARE PROGRAM 303-739-5030 ccp@retinacolorado.com

Consent and Enrollment Form to Participate in the Continuous Care Program

The Continuous Care Program is intended to help you navigate the healthcare continuum so that you can achieve your best health. The hallmark of the program is that you will have a dedicated Care Coach available to help you with your health needs, which could include receiving diet and nutritional counseling, finding exercise classes, accessing community and nonprofit support services, arranging transportation to and from medical appointments, assisting with medication management, maximizing your insurance benefits, and more.

This program does not replace any of your current care and is not a resource for acute, emergent, or urgent conditions. The program is intended to support you as you navigate both your eye condition and overall health so that you can age optimally. Together, we will make it easier for you to get the right care at the right time.

The Continuous Care Program includes the following:

- 1) Principal care management (PCM), which allows our team to work with you to determine your top health priorities and develop a clear roadmap for success. Our team will work with you and your family or caregivers to help you achieve your best health.
- 2) Remote patient monitoring (RPM), which allows our team to monitor your health via tools and devices used at home. The team will educate you on how to use your new in-home medical device(s) as appropriate. Monitoring is not conducted in real time but is regularly reported, allowing the team to look for any changes in your health. Please note that if an RPM device is provided to you, you agree to return the device in working condition; if the device is damaged or not returned within 90 days of your termination in the program, you agree to pay for the replacement cost of the device.

You can enroll in our PCM program even if enrolled in another Chronic Care Management (CCM) program through your primary care physician or another provider. When enrolling, please indicate your participation in any other CCM or RPM program. If you have any concerns with the program once enrolled, please share those with the practice or your physician. You may unenroll at any time, and we kindly ask that you return any RPM devices within 90 days.

For urgent or emergency care needs, you should contact your local urgent care or emergency department or request emergency health services by calling 911.

Authorization to Enroll

Patient Name: _____

Date of Birth: _____

Signature: _____

Date: _____

Diagnosis: _____