



CONSENT FOR CARE COORDINATION SERVICES

I hereby consent to participate in care coordination services as delivered by The Coordinating Center. I understand that care coordination services:

- ❑ Is a family-centered, collaborative process that evaluates and coordinates options and services using a focused needs plan to meet an individual's health care needs.
- ❑ Seeks to link program participants/families to community resources to meet an individual's health care needs.
- ❑ May yield the benefits of greater access to services, more cost efficient and effective utilization of funds and services.
- ❑ Provides a more coordinated and comprehensive approach to the provision and utilization of health care and related services through the use of a focused needs plan.

I also understand that

- ❑ My participation in care coordination services does not pose any significant risk to me, my child or our access to health care benefits.
- ❑ I have the right to refuse to participate in care coordination services understanding that such refusal could limit my access to certain health care benefits.
- ❑ I may request a change in the care coordination staff assigned to me.
- ❑ If more than one care management agency is providing service to my child's health care plan, I may ask to change agencies without citing a reason.
- ❑ I may revoke my Consent for Care Coordination Services at any time.