



Wooster Community Hospital Community Care Network Consent to Participate

The Community Care Network (CCN) is a care coordination program that will assist you in reaching your health goals and keep working with you on preventing a hospitalization.

- This is a consent form for you to take part in the CCN. This form has important information about the program and what to expect if you decide to be part of the program. Please consider the information carefully. Feel free to discuss the program with your friends and family and to ask questions before making your decision whether or not to be part of the program.
- Being part of this program is voluntary. You may refuse to be part of the program. You may leave the program at any time. No matter what decision you make, there will be no penalty to you and your hospital care any follow-up care will not be affected. Your decision will not affect your future relationship with Wooster Community Hospital.
- You may or may not benefit as a result of being in this program. If you decide to be part of this program, you will be asked to sign this form and will get a copy of it. You are being asked to consider being part of this program for the reasons explained below.
 - **Why should I be in this program?** Wooster Community Hospital believes that a system of care coordination can improve your health and keep you out of the hospital. We believe that together with you, we can help you to manage your health risk factors, reduce any potential medication-related errors and help you get the healthcare you want and need. This program is coordinated by a team of health care professionals from Wooster Community Hospital (WCH) along with trained Health Coaches from the College of Wooster (COW). The Health Coaches have finished a training course and are working with doctors, nurses, dietitians, therapists and others to help you improve your health.
 - **What will happen if I take part?** If you join this program you will have a meeting and follow-up visits with a member of WCH's team and/or a Health Coach. Phone contacts and/or home visits with team members and Health Coaches will be scheduled based on your needs and preferences. **YOU MAY OPT OUT OF THIS PROGRAM AT ANY TIME.**
 - This program does not interfere with you receiving care from your primary care doctor or specialists.
 - The CCN team and Health Coaches will be monitoring your health goal progress.
 - Your own doctor will receive information from the CCN team about how you are doing. Your doctor may contact you for a visit as needed. Payment for doctor visits are not covered in this program.
- **How long will you be in the program?** You will be in the program for about 15 weeks depending on your goals and how well you are meeting those goals.
 - **What is the risk?** There are no potential risks or physical discomfort from the program. CCN will contact your doctor about any issues that arise about your medicine or health related problems. All care decisions, medical orders and referrals will be provided by your doctor.

- **What are the benefits?** Being in the program may help to improve your health and well being. You will have a plan of care based on your goals and weekly coaching visits by a team member or Health Coach. The team and Health Coach want to assist you to reach your health goals by education, support and feedback on your progress. There is no guarantee that you will benefit by participating in this program.
- **What other choices do I have if I do not take part in the program?** At this time there are no other care coordination options available to you. The alternative is to not participate in this program.
- **Will my program related information be kept confidential?** The information recorded will be shared with Community Care Network team and your personal doctor. All information will be kept confidential and will follow Health Insurance Portability and Accountability Act (HIPAA) compliance requirements.
- **What are the costs?** There is no cost associated with being in this program. You will not be paid to participate in this program. The costs you may incur are based on the medical care you receive by your provider.
- **What are my rights if I take part in this program?** Participation in this program is entirely voluntary. You may, for any reason, elect to drop out by calling the CCN at 330-263-8483. You may stop taking part at any time without penalty or loss of health care to which you are entitled. By signing this form, you do not give up any personal legal rights you may have for taking part in this program.
- **Whom do I call with questions or problems?** For any questions about the study, your rights, or injury, please contact Wooster Community Hospital CCN Manager, AlexSandra Davis RN at 330-263-8483.

I have read (or someone has read to me) this form and I am aware that I am being asked to participate in a care coordination program. I have had all of my questions answered to my satisfaction. I voluntarily agree to participate in this program. I understand that I may stop participating in this program at any time.

I agree to allow the CCN to review my medical records from Wooster Community Hospital in planning my care.

I permit representatives from the CCN to collaborate with and access information from my personal physicians in coordinating my health care.

I am not giving up any legal rights by signing this form. I will be given a copy of this form. By signing below, I agree to take part in this program.

Printed name of Participant

Participants Signature

Date

I have explained the program to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

Printed name of person obtaining consent

Signature

Date