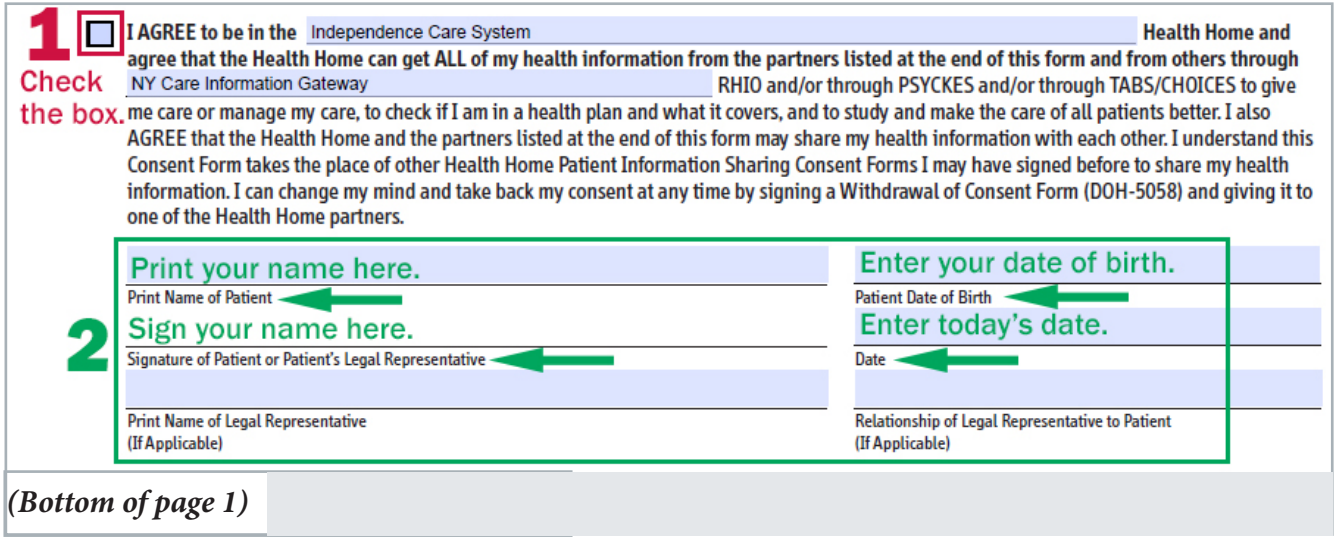
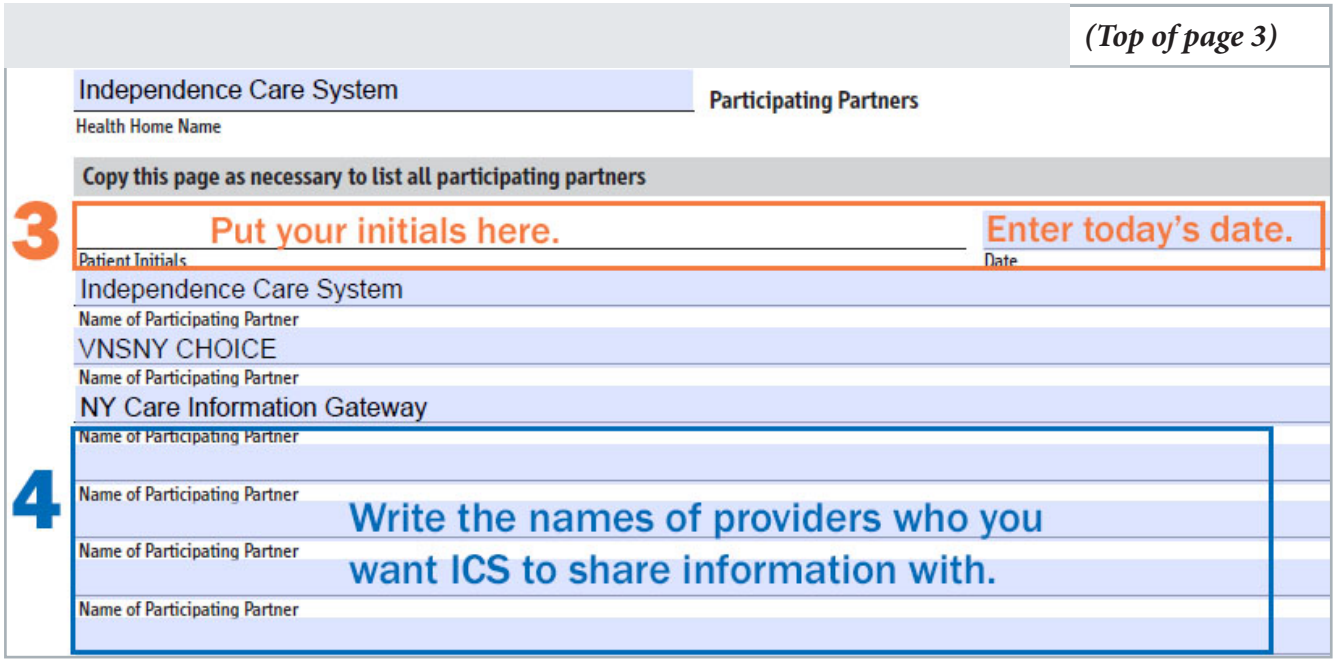
Independence care system

Joining the new ICS Health Home program is really easy! Here's how to fill out the consent form:



(Bottom of page 1)

(Top of page 3)



1. Check the box.

On page 1, check where it says "I AGREE to be in the Independence Care System Health Home."

2. Enter your information.

Also on page 1, print your name, date of birth, the date signed and sign your name where it says "Signature of Patient or Patient's Representative."

3. Write your initials.

At the top of page 3, write your initials where it says "Patient Initials."

4. Add your providers.

Also on page 3, write the names of providers who you want ICS to share information with in order to help you stay healthy. You can list as many providers as you wish, but you must list at least one. For example this could be your primary doctor or specialist or someone else who provides you with care.

5. Send it in!

Give the form to an ICS staff member, or mail it to ICS in the prepaid envelope provided. You can also email it to MSCDocMgt@icsny.org or fax it to 718.907.1670.