

Remote Patient Monitoring (RPM) Consent Form

I understand that:

- I am the only person who should be using the remote monitoring device(s) as instructed. I will not use the device(s) for reasons other than my own personal health monitoring. I understand that I can only participate in this program with one Medical Provider at a time.
- I will not tamper with the RPM device(s). I understand that I am responsible for any fees associated with misuse of the device(s).
- I understand the device(s) are only designed for the RPM program.
- The device(s) is meant to collect vital readings as prescribed by my Physician and transfer those readings to an on-line service. I understand that RPM is **NOT AN EMERGENCY RESPONSE UNIT**. I understand that I must call 911 for immediate medical emergencies.
- I am aware that my readings will be transmitted from RPM device(s) to a software platform in a safe and secure manner. I can withdraw my consent to participate in this program, and revoke service at any time by returning the device(s).
- I will do my best to take my readings every day. I am aware that a Remote Patient Monitoring Qualified Health Professional will view my readings. I will be contacted, by phone, or SMS to remind me to take my readings, review and discuss my results and progress.

I, _____ have read and understood the information (Print your name) and consent to participate in the Remote Patient Monitoring program as stated above. I am aware that this consent is valid as long as I'm in possession of the RPM device(s).

Date: _____ (dd/mm/yyyy)

Signature of Patient or Authorized Person (Relationship of Authorized Person)
