

Remote Patient Monitoring Patient Agreement

I agree and understand that:

1. I am the only person permitted to use the remote patient monitoring (RPM) equipment.
2. I will use the RPM equipment as instructed; I will not use the RPM equipment for any reason other than to monitor my own personal health.
3. I will not alter or tamper with the RPM equipment.
4. I am responsible for any costs associated with the misuse or loss of the equipment. I understand that the RPM equipment is valued at \$100.
5. I can only participate in the remote patient monitoring program with one medical provider at a time.
6. My data will be electronically transmitted from the RPM equipment to AccuHealth's Evelyn platform in a safe and secure manner.
7. I will do my best to take my measurements every day, or at least 3 times per week.
8. A qualified health professional will view my remote patient monitoring readings every thirty (30) days. I will be contacted every thirty (30) days by phone or secure message to review and discuss my results and progress. If there are any abnormalities or my treatment must be changed, I may be contacted more frequently.
9. The RPM equipment is not designed as an emergency response unit and is not monitored 24/7. I will call 911 for any medical emergencies.
10. I may withdraw my consent to participate in the remote patient monitoring program and stop participating at any time by notifying my provider. Upon my withdrawal from the program, I will return the RPM equipment to my provider within fourteen (14) days.

I, _____ (patient name), have read and understood the information above. I hereby consent to participate in the Remote Patient Monitoring program

Signature of Patient or Legal Representative

Witness Signature

Date: _____

Date: _____