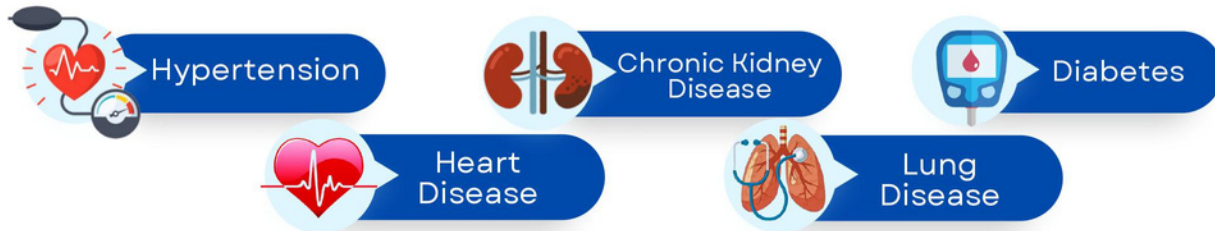


Do you have any **CHRONIC or ACUTE CONDITIONS** that need to be monitored?



1 What is Remote Patient Monitoring (RPM)?

- Remote Patient Monitoring devices automatically record your vitals at home
- Your recorded vitals are reviewed M-F, 9 am to 5 pm, and a clinical staff connects with you by phone on a monthly basis
- The clinical care team will escalate any issues directly to your physician as needed



2 Potential Benefits of RPM include

- ✓ Easily share information with your doctor
- ✓ Proactive patient care program
- ✓ Monitor your health easily from home
- ✓ Reduction in the need for emergency room visits

Remote Monitoring Devices



Blood Pressure Cuff



Glucometer



Pulse Oximeter



Weighing Scale

3 Talk to your doctor to learn more about the RPM program

To enroll in Remote Monitoring, you must be a Medicare Beneficiary



Organization : _____

REMOTE PATIENT MONITORING (RPM) CONSENT FORM

I have read the complete Consent Form and understand that:

- I am the only person who should be using the remote monitoring equipment as instructed. I will not use the device 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 understand the devices are only designed and designated for the RPM program.
- I acknowledge that I received/request to ship the following in working condition:
 - SmartHub
 - Cellular Device
 - Blood Pressure Monitor
 - Pulse Oximeter
 - Weighing Scale
 - Glucometer
- The device(s) collect appropriate readings and transfer those readings to a secure Cloud. They are NOT AN EMERGENCY RESPONSE UNIT(S) AND ARE NOT MONITORED 24/7. Call 911 for immediate medical emergencies.
- I can withdraw my consent to participate in this program and revoke service at any time by returning the devices.
- I am aware that this consent is valid if I'm in possession of the RPM equipment.
- I will do my best to take my measurement everyday or at least 5 days per week and follow the Provider's recommended regimen to use the device(s). I am aware that clinical staff under Physician Supervision will only view my readings every 30 days M-F, 9 am to 5 pm, and that this program is NOT a 24/7 Monitoring Service. I will be contacted every 30 days, by phone, to review and discuss my results and progress.
- By signing below, I have read and understood the information and consent to participate and confirm I am not currently enrolled in RPM program with another provider.

Patient Name: _____

Shipping Address: _____

Patient/Authorized Person Signature _____ **Date:** _____

If Authorized Person, Relationship: _____