



Remote Patient Monitoring (RPM) Patient Agreement

I understand that:

- I am the only person who should be using the RPM device(s) provided to me.
- I agree to use the equipment as instructed and will not use the device(s) for any reason 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 equipment and understand that I am responsible for any fees associated with misuse of this equipment.
- I acknowledge that I received _____ RPM device; Serial # : _____
- The device is meant to collect clinical data and said information to my Electronic Medical Record. It is NOT AN EMERGENCY RESPONSE UNIT AND IS NOT MONITORED 24/7. I will call 911 for immediate medical emergencies.
- I understand that my data will be electronically transmitted from the monitor to the iHealth App on my phone and then to NAB Life's EMR in a safe and secure manner.
- I understand that I can withdraw my consent to participate in this program at any time by returning the device(s) to the office and signing the RPM withdrawal form.
- NAB Life will securely and confidentially store my collected data into my Electronic Medical Record.
- I will do my best to collect my data every day, or more frequently, as instructed.
- I understand that a RPM Qualified Health Professional will only view my readings periodically, 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.

I, _____ (Print your name) have read and understood the information 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 equipment/device.

Date: _____ (dd/mm/yyyy)

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