REMOTE PATIENT MONITORING CONSENT FORM

RPM services allow your medical provider to monitor your health in between visits. This does not mean your provider will be monitoring your status 24/7. RPM may help your medical provider identify issues that require attention sooner than without RPM and allows you to communicate information to your provider without having to travel to the provider office. RPM devices rely on good cellular or bluetooth connection to transmit data, any deficiencies in connection may result in failure to transmit information.

I agree to allow Sequoia to provide Remote Patient Monitoring (RPM) services. These services include using remote health monitoring technology to wirelessly transfer health data, including, but not limited to blood pressure, weight, blood glucose, etc. RPM also includes consultation and guidance from my medical provider, who will have access to view this data and may communicate with my, or members of, my care team, including family, caregivers, guardians, etc.

I 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 this Remote Patient Monitoring program.
- I can only participate in this program with one medical provider at a time.
- I will take my readings as instructed by my medical provider as part of my participation in the program.
- My data will be electronically transmitted from the device(s) to my provider in a safe and secure manner, but that information security can never be 100% guaranteed.
- My provider will securely and confidentially store my collected data into my electronic medical record to the best of their ability, but information security can never be 100% guaranteed.

I acknowledge that:

- RPM IS NOT AN EMERGENCY RESPONSE UNIT AND IS NOT MONITORING 24/7. Call 911 for immediate medical emergencies.
- By providing phone & email information below, I agree to opt into automated & personalized text messages & phone calls. I understand that I can opt out of the automated reminders to take readings at any time.

Financial Consent:

- My insurance will be charged monthly for this service. Co-payments may apply.
- My medical provider owns the equipment, and I am responsible for returning it when my RPM participation has ended.
- I will not tamper with the equipment and understand that I may be responsible for any fees associated with misuse or loss of the equipment.
- I can withdraw my consent to participate in this program at any time by contacting my medical provider and returning the equipment provided to me.

I, _____, have read and understood the information and consent to participate in the Remote Patient Monitoring (RPM) program, as stated above. I am aware this consent is valid until I withdraw it.

The Remote Patient Monitoring program includes reminders to take health measurements. Automated reminders are only sent if you do not take a reading according to your physician's instructions. You can opt out of automated reminders at any time, but still be contacted about your individual treatment plan from your medical provider.

Patient mobile number: _____ Patient home number: _____

☐ I do not have a mobile phone. ☐ I do not have a home phone. ☐ I would like to opt out of automated texts.

☐ Opt out of automated voicemail reminders (CELL). ☐ Opt out of automated voicemail reminders (HOME).

Patient email address: _____ ☐ I do not have an email address.

Patient Name (Print): _____ DOB: _____

Authorized Person (Print): _____ Relationship: _____

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

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