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| **REMOTE PATIENT MONITORING SERVICES**Patient Consent and Authorization |  |

Remote Patient Monitoring (“RPM”) is the use of digital technology to collect health data from home and transmit that data to a healthcare provider for evaluation. The type of health data collected may include vital signs, weight, blood pressure, blood sugar, blood oxygen levels, heart rate, and other data that can help the healthcare provider monitor health and make treatment recommendations. BlueStar Telehealth will be the technical services company that provides the equipment and the software platform to my healthcare provider.

By signing below, I acknowledge and agree to the following:

* My healthcare provider has explained what RPM means, the health data that will be collected, and how it will be used in my care.
* I consent to the use of RPM services as part of my care and treatment.
* I have the right to withdraw this consent and leave the program at any time.
* I understand that my health data will be collected and transmitted to my healthcare provider in a safe and secure manner, protecting my confidentiality.
* My healthcare provider is not responsible for inaccuracies in the data transmitted, or for failure of the data to be transmitted due to equipment problems, wifi or cellular coverage, or improper use of the equipment.
* I am responsible for potential copay and deductible amounts.
* I may share my data with any family member of my choice.
* To stay enrolled in the program, I must transmit my data at least 16 times each month.
* If I stop using the services, I will return the equipment as requested.
* I understand that the provider needs at least three ways to reach me to ensure the reliability of the program. I have provided them below.

I hereby consent to RPM services. By signing, I acknowledge that I understand all of the above.

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Patient/Responsible Party Signature Printed Name Date

**Patient Contact Info**: *(Please fill In at least 3 of these 6 boxes and preferably all if possible)*

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| Land Line | Cellular/Mobile | E-mail |
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**Alternate Contact Info**: Name of alternate contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Land Line | Cellular/Mobile | E-mail |
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