

## My Provider has prescribed a Remote Monitoring Medical device to enhance my quality of care and which has been deemed medically necessary. I understand:

I am the only person who should be using the remote monitoring Medical Device(s) as instructed and in accordance with their approved labeling and not use the device for reasons other than my own personal health monitoring.

I will not tamper with the Medical Device(s). I understand that I am responsible for any fees associated with misuse of the Medical Device(s).

The Medical Device(s) are to be used solely in connection with remote patient monitoring (RPM) and associated RPM program provided by the Provider and not for any other purpose.

The Coala Care Remote Patient Monitoring system used by the provider, including the Coala application that you will download to your personal smartphone and the associated Medical Device(s) are not a replacement for your standard healthcare; they are a complement to assist us remotely in providing you long term care and health coaching.

## THE RPM PROGRAM IS NOT A REPLACEMENT FOR EMERGENCY SERVICE. CALL 9-1-1 FOR IMMEDIATE MEDICAL EMERGENCIES AND DO NOT USE THE MEDICAL DEVICE(S) AS A REPLACEMENT OF THE 9-1-1 SERVICE.

My data and medical information obtained from my participation in the RPM program may/may not be considered part of my patient record but may be shared with other Health Professionals to enhance my care and I authorize such professional disclosure. My data and information will be securely transmitted and reviewed at the clinician's discretion.

The length of time on the RPM program will be determined by the Provider as medically necessary. I will comply with the RPM program's clinical expectation and if I don't, I may be removed from the RPM program and I will return the Medical Device(s).

I have right to withdraw my consent to participate in the RPM program and stop receiving RPM services at any time and the Provider will be notified.

I will commit to taking 3 measurements <u>every day</u>, one before noon, one midday and one before bed.

I will be removed from the program if I have not taken a measurement within the last 60 days.

I have up to 30 days in which to return the Medical Device in its original packaging in the postage paid envelope which was provided with the device. If I have lost the envelope, I can call: 346-703-4348 Monday – Friday 9AM – 5PM Central Standard Time to have a new envelope sent to me.

Failure to return the device within 30 days may result in a bill of \$495.00.

If I have lost the device or the device has been thrown out, I can call 346-703-4348 to make appropriate arrangements.

I am aware Remote Patient Monitoring Qualified Health Professional will only view my readings daily.

I will be contacted directly whenever it is appropriate by the monitor by phone, to review and discuss my results and progress.

I understand cost-sharing applies to RPM Services, so I may be billed for a portion of RPM Services even though it does not involve a face-to-face meeting with the Provider.