

Remote Patient Monitoring CONSENT AGREEMENT

FOR PROVISION OF Remote Patient Monitoring for Hypertension

By signing this, you consent to Dr. _____ (referred to as "Provider") providing remote patient monitoring services (referred to as "RPM Services") as fully described below.

RPM Services are available to you because you have been diagnosed with hypertension, which places you at significant risk of decline. RPM Services can slow or prevent this decline.

RPM Services include daily blood pressure monitoring with monthly physician review available through _____ for patients who meet the following criteria:

- You must have Hypertension
- You must have an Android or iOS device with internet access which you can operate daily (including use a password)
- You must have an email address

Provider's Obligations:

When providing RPM Services, the Provider must:

- If you revoke this Agreement, provide you with a written confirmation of the revocation, stating the effective date of the revocation.

Beneficiary Acknowledgement and Authorization:

By signing this Agreement, you agree to the following:

- You consent to the Provider providing RPM Services to you.
- You authorize electronic communication of your medical information with other treating providers as part of coordination of your care.
- You acknowledge that only one practitioner can furnish RPM Services to you during a calendar month.
- You understand cost-sharing applies to RPM Services, so you may be billed for a portion of RPM Services even though it does not involve a face-to-face meeting with a Provider.
- You must return any provided blood pressure monitoring equipment (if provided) by the end of the month upon discontinuation of the service.

Beneficiary Rights:

You have the following rights with respect to RPM Services:

- You have the right to stop RPM Services at any time by revoking this Agreement effective at the end of the then-current month. You may revoke this agreement verbally (by calling (____) ____-____) or in writing. Upon receipt of your revocation, the Provider will give you written confirmation (including effective date) of revocation.

_____ Include Provision of Blood Pressure Monitor (Model_QARDIO ARM_____)

Beneficiary

Beneficiary's Representative and/or Caregiver

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____