

Attach Patient Label Here

Heart Failure/COPD Remote Patient Monitoring Consent Form

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 health monitoring.
- I will not tamper with the equipment. I understand that I am responsible for any fees associated with misuse of the equipment.
- I understand the devices are only designed for the Lifestream program and not designed for, intended or permitted for use on the Internet.
- I acknowledge that I received Kit Number: _____
- The device is meant to monitor symptoms and vitals only. It is **NOT AN EMERGENCY RESPONSE** unit. Call **911** for immediate medical emergencies.
- I am aware my vitals will be transmitted from the monitor to a computer at Health PEI in a safe and secure manner. I can withdraw my consent to participate in this program at any time. Health PEI will securely and confidentially store my collected data.
- I will transmit information at the agreed upon time. I will be prompted to enter my weight, blood pressure and pulse and oxygen levels into the device. I am aware that the Remote Patient Monitoring Nurse will view this information Monday to Friday between 8 a.m. and noon, not including statutory holidays. I am also aware that this service may not be available during inclement weather.

I, _____ have read and understood the information
(Print your name)

and consent to participate in the Remote Patient Monitoring program as stated above. I am aware that this consent is valid while I'm in possession of the Health PEI RPM equipment.

Date: _____
(dd/mm/yyyy)

Signature of Patient or Authorized Person

Relationship of Authorized Person

Printed Name of Patient or Authorized Person

Witness (Name and Title)

Fax completed referral form and signed consent to the RPM Program at 902-620-3267

For office use only: RPM Nurse reviewed consent with patient
Yes <input type="checkbox"/>
No <input type="checkbox"/>