

Remote Patient Monitoring Equipment Loan Agreement

Agreement between _____ (Patient Name) and Health PEI.

Health PEI hereby agrees to lend the following equipment:

Kit# _____ includes: Tablet & accessories Monitor & accessories

Instruction on equipment operation, care and safety were given by:

(Name of Health Professional)(PRINT)

(Name of Health Professional)(SIGN)

The equipment is your sole responsibility until it is returned to Health PEI. Equipment may not be taken out of the province or country, without prior written approval from Health PEI. Equipment may not be tampered with physically (e.g., removal of serial number) or technically (e.g., Internet access). If damage or malfunction occurs while the equipment is being used, you must immediately notify Health PEI by calling the RPM Nurse at 902-620-3260. Be advised you may be held financially liable, at the sole discretion of Health PEI, for the cost of repairs or replacement if equipment is lost or damaged as a result of misuse or tampering. If the patient/family demonstrates non-compliant attitudes or behaviours in terms of proper and/or safe use of the equipment, as determined by Health PEI in its sole discretion, the device will be removed and fees may apply.

Date Borrowed

Patient/Family Member (PRINT)

Patient/Family Member (SIGN)

Date Returned

Patient/Family Member (PRINT)

Patient/Family Member (SIGN)

Electrical-Medical Equipment Grounding Waiver:

Health PEI will make the equipment available to you but assumes no responsibility or liability for its safe installation in your home. The equipment requires a grounded electrical connection and it is your responsibility to see that it is connected in this manner. If you are unsure that your electrical system is grounded, you should have a qualified electrician test your system. Health PEI is not liable for any damages resulting from the improper installation of the equipment, to the Patient or otherwise.

I have read the foregoing (or have had it explained to me to my satisfaction) and I hereby release Health PEI and any of its agents and/or employees from any and all damages that may result in physical injury or damage to personal property occurring from an improperly grounded installation. I understand and accept that it will be my sole responsibility to ensure that the equipment is used in conjunction with an adequate electrical system.

Date: (dd/mm/yyyy)

Patient/Family Member

Health PEI Staff Name