DIABETES AND METABOLISM
S P E C I A L I S T S

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RPM Patient Consent and Authorization

Remote Patient Monitoring (RPM) is the use of digital technology to collect your health data without having to visit the clinic (for example, while you are at home or at work) and transmit that data to your healthcare team for evaluation. The type of health data collected would be your blood sugar patterns (CGM device) and/or insulin administration (insulin pump or insulin smart pen). This data allows your physician or other healthcare providers to monitor your diabetes and make treatment recommendations.

IF YOU DO NOT UNDERSTAND OR AGREE TO ANY OR ALL OF THE ITEMS BELOW, DO NOT SIGN THIS AGREEMENT.

By signing below, you acknowledge the following:

- o Your physician or other healthcare provider has explained to you what RPM means, the type of health data that will be collected, and how it will be used in your care;
- o You are aware that your health data will be collected and transmitted digitally from an RPM technology to your healthcare provider in a safe and secure manner to maintain the confidentiality of your healthcare information;
- o You will not transmit or allow to be transmitted the health data of any individual other than your own;
- o You will not intentionally tamper with any RPM device used in connection with your RPM services;
- o Your physician or healthcare provider is not responsible for inaccuracies in the health data transmitted;
- o You consent to the use of RPM services as part of your care and treatment;
- o You have the right to withdraw this consent at any time;
- o You are responsible for ***all applicable copay and deductible amounts***
- o **RPM services are NOT emergency services and your data WILL NOT BE MONITORED 24/7**.
- o If you think you are experiencing a medical emergency, **CALL 911 IMMEDIATELY.**

By signing below, you acknowledge that you have read and understand all of the above and you consent to receive RPM services from your healthcare provider.

_____ _____

Patient Name – Print   Date of Birth

_____

Signature