

RAINIR MEDICAL REMOTE PATIENT MONITORING
Patient Consent and Authorization

Remote Patient Monitoring ("RPM") is the use of a digital technology to collect your health data outside of a clinical setting (for example, while you are at home or at work) and transmit that data to your healthcare provider for evaluation. The type of health data collected may include weight, blood pressure, and other physiological data that can help your physician or other healthcare provider monitor your health and make treatment recommendations. IF YOU DO NOT UNDERSTAND OR AGREE TO ANY OR ALL OF THE ITEMS BELOW, DO NOT SIGN THIS AGREEMENT.

At Rainier Medical, we recommend using RPM because we know that tracking and a relationship with a guide has been shown to be associated with better outcomes in weight management at 2 years. RPM is a crucial part especially of the maintenance and recovery program at Rainier Medical. Studies show that weight loss is dependable, but weight recurrence is common without preventing it. So, think of this as "insurance" against weight cycling. It is normal to have small weight gains along the way, but the recovery program will help identify them and recover quickly.

By signing below, you acknowledge the following:

- 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;
- 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;
- You will not transmit or allow to be transmitted the health data of any individual other than your own;
- You will not intentionally tamper with any RPM device used in connection with your RPM services;
- Your physician or healthcare provider is not responsible for inaccuracies in the health data transmitted;
- You consent to the use of RPM services as part of your care and treatment;
- You have the right to withdraw this consent at any time. If cancelled mid-month, I will pay pro-rated cost for the partial month as insurance will not pay for partial months.
- You are responsible for all applicable copay and deductible amounts; and
- **RPM services are NOT emergency services and your data WILL NOT BE MONITORED 24/7. 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.

RPM insurance codes are: 99453, 99454, 99457, 99458. I understand I am personally responsible for any amount not covered by insurance. The out of pocket cost will not exceed \$65 for initial device (yours to keep) and set up (yours to keep), and \$45 a month monitoring and accountability program fee. I understand I am required to use my device and transmit data 16 days every month or my insurance may reject my claim and I may be responsible for the cost that month.

_____. Patient DOB: _____
Patient Name - Print

Date Patient/Guardian Signature