



Remote Patient Monitoring (RPM) Patient Consent Agreement

Patient Details

NAME: _____

ADDRESS: _____

CITY: _____, STATE: _____ ZIP: _____

DOB _____ GENDER: _____ CELL# (____) - ____ - _____

PRIMARY INSURANCE: _____ ID# _____



SECONDARY INSURANCE: _____ ID# _____

I understand that: _____

- I am the only person who will be using the RPM device(s) provided to me.
- I agree to use the equipment as instructed and will not use the device(s) for any reason other than my own personal health monitoring.
- I understand that I can only participate in this program with one Medical Provider at a time.
- I will not tamper with the equipment and understand that I am responsible for any fees associated with misuse of this equipment.
- I acknowledge that I received _____ RPM device(s);

Serial # : _____

- The device is meant to collect clinical data and send information to my provider's Electronic Medical Record. **It is NOT AN EMERGENCY RESPONSE UNIT AND IS NOT MONITORED 24/7. I will call 911 for immediate medical emergencies.**
- I understand that my data will be electronically transmitted from the monitor to the GeeseMedRPM

App  or  on my phone and then to GeeseMed EMR of **Healthy Living Primary Care (HLPC) practice** in a safe and secure manner. I understand HLPC are a service provider for only the RPM service. I understand my PCP will have access to my vital data and HLPC medical staff/provider furthermore has my permission to discuss my vital data with my PCP on as needed basis. I understand my PCP will remain the same.

My data and medical information obtained from my participation in the RPM program **may / may not be (circle one)** considered part of my patient record but may be shared with other health care professionals to enhance my care and I authorize such professional disclosure. My data and information will be securely transmitted data and reviewed at the clinician's discretion.

- I understand that I can withdraw my consent to participate in this program at any time by returning the device(s) to the office and signing the RPM withdrawal form.
- GeeseMed will securely and confidentially store my collected data into my personal Electronic Medical Record.
- I will do my best to collect my data every day, or more frequently, as instructed but no less than 16 times per month.
- I understand that a RPM Qualified Health Professional will only view my readings periodically, and that this program is NOT a 24/7 Monitoring Service. I will be contacted every 30 days, by phone, to review and discuss my results and progress.

Circle Diagnosis: Diabetes CHF Hypertension COPD Weight issues

I, _____ (Print your name) have read and understood the information and consent to participate in the Remote Patient Monitoring program as stated above. I am aware that this consent is valid as long as I'm in possession of the RPM equipment/device.

Signature & name of Patient or Authorized Person (Relationship of Authorized Person)

X _____ Date: _____

Device(s) issued by: _____ (HLHC staff name and initial)



Google Play store: [GeeseMedRPM](#)



iPhone App store: [GeeseMedRPM](#)



Implementation of GeeseMed RPM

1. This program qualifies for only Medicare, Medicaid, and Managed Medicare or Medicaid insurance patients only.
2. Once patient is qualified then the consult provider will suggest one or more vital device(s) (Blood pressure cuff, Pulse Oximeter, Glucose meter, Weight scale, and IR thermometer).
3. Explain RPM consent form including all terms and complete form with insurance information and get signature of patient with date on it.
4. Download GeeseMedRPM app on the patient's phone using above QR code and check their Bluetooth is on.
5. Contact Your Healthcare Coordinator on [812-704-1006](tel:812-704-1006) or [812-503-0021](tel:812-503-0021) to enroll patient in RPM program and provide patient name, DOB, Gender, Phone#, and device(s) name, and serial# of each device.
6. Your healthcare coordinator will give you Client ID, Patient ID, Kit ID and email QR code with the patient's name. You provide this information to the patient to log into the GeeseMedRPM app.
7. Click on the device icon from the app and click the connect button to establish connection between the device and app.
8. Make sure the patient take knows they must take a minimum of one reading on each device(s) per day and at least 16 readings per month per device or we are required to discontinue the program for the patient.
9. If patient needs any help please contact [812-704-1006](tel:812-704-1006) or [812-503-0021](tel:812-503-0021)

[Please scan attached first page signed and completed consent form to Paula@MediVox.com](#) and cc: ITsupport@MDOfficeManager.com for billing.

*****Your Health Care Coordinator will contact the patient if they do not see results in the GeeseMed EMR system or medical assistant. Or, provider will contact the patient to discuss monthly results, trends and current medical condition.**



GeeseMedRPM Patient Card

Patient name: _____

Google Play store: [GeeseMedRPM](#)

iPhone App store: [GeeseMedRPM](#)



GeeseMed RPM login in QR code

OR

Manually log in as follow.

Client ID	
Patient ID	
Kit ID	
Phone#	

Support helpline# **812-704-1006 or 812-503-0021**

*****Your Health Care Coordinator will contact the patient if they do not see results in the GeeseMed EMR system or medical assistant or provider will contact the patient to discuss monthly results, trends, and current medical condition.**