

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 should 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 said 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 practice** in a safe and secure manner. My data and medical information obtained from my participation in the RPM program may/may not be 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 Electronic Medical Record.
- I will do my best to collect my data every day, or more frequently, as instructed.
- 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.

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)

_____ 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 qualify for only Medicare, Medicaid, and Managed Medicare or Medicaid insurance patient only
2. Once patient is qualify than consult provider to suggest one or more vital device(s) (Blood pressure cuff, Pulse Oximeter, Glucose meter, Weight scale, and IR thermometer)
3. Explain RPM consent all terms and complete form with insurance information and get signature of patient with date.
4. Download GeeseMedRPM app on the phone using above QR code and check 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, KitID and email QR code with patient name. You provide this information to patient to log in GeeseMedRPM app
7. Click on device icon from the app and click connect button to establish connection between device and app.
8. Make sure patient take minimum one reading on device(s) per day and 16 readings per month per device.
9. If patient need 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](mailto:Paula@MediVox.com) and cc: ITsupport@MDofficeManager.com for billing.

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