

Consent Form

The purpose of this form is to obtain your informed consent for the medical services provided by RPM Care Coordination, PC, RPM Care Coordination, P.C., and RPM Care Coordination, P.A. (“Group”) which may do business as Circadia Health. Care may be provided by Group staff including the medical doctor, nurse or other staff person. Care may include, but is not limited to, obtaining a medical history, performing a physical examination, recommending clinical observation, and providing treatment as needed. Treatment may include an order for remote patient monitoring (“RPM”) as well as providing RPM services.



If RPM is ordered, Group will remotely monitor your respiratory rate and other vital signs and bio signals recorded during your stay to look for any subtle or significant abnormalities. Any clinical indications which are of concern to Group during your inpatient stay will trigger an alert to your on-site clinical team who are then also provided recommended follow up steps individualized for each patient.

The services provided by Group can be an important part of your care during your inpatient stay. Early detection and intervention may assist with avoiding serious clinical events such as respiratory failure, complicated cardio-pulmonary conditions, and emergencies like falls and injuries. Early detection and intervention may also avoid unnecessary hospitalizations.

As with any other medical treatment, medicine is not an exact science and diagnosis and treatment may involve risk of injury or even death. RPM services do not include and Group does not provide active patient monitoring. Group’s RPM services are for retrospective analysis only and Group does NOT provide alarms for timely response in life-threatening situations.

WARNING!

IN THE EVENT OF AN EMERGENCY, CALL 911 OR PROCEED TO THE NEAREST EMERGENCY ROOM. THIS IS NOT AN EMERGENCY SERVICE.

RPM services may include use of The Circadia C100 System (the “System”) which Group will place within a detectable range of your bed and use to monitor your respiratory rate through radar technology. The System is indicated for both contactless spot checking and continuous measurement of respiratory rate data as part of a vital signs assessment. The System records, transmits, and displays respiratory rate from multiple connected devices for retrospective analysis only. The System is intended to be used under the care of clinicians and medically qualified personnel. The System is indicated for use in adult patients during no-motion conditions, for patients in health care facilities. It is available for sale only upon the order of a physician or licensed health care provider. The System is not indicated for active patient monitoring, as it does not provide alarms for timely response in life-threatening situations. The System is not intended to monitor vital signs. This System is not an apnea monitor. For more information, the full policy including the Service Agreement and Privacy Practice can be found at circadia.health/pages/forms.

I hereby acknowledge that I am aware of all potential risks associated with RPM treatment, including use of the System. I acknowledge that no guarantees have been made to me regarding the result of examination or treatment by Group.

I have made the medical doctor and medical staff aware of all my known health conditions, allergies, and medications I am taking, including herbal medications/supplements.

I consent to treatment by Group. I understand I have the right to withdraw this consent at any time.

My signature below verifies that I have read all of the information contained in this Consent Form and that I have asked questions about anything I have not understood up to this point.

SIGNATURE

PATIENT/LEGAL REPRESENTATIVE NAME

DATE

VERBAL IN-PERSON