



Telemonitoring Consent

I hereby acknowledge:

- 1) Receipt of the telemonitoring equipment.
- 2) I have received instruction in the use of the telemonitoring equipment.
- 3) I understand that the equipment is the property of Medocity and is being rented by Personal-Touch Home Care.
- 4) I understand that I am not responsible for any fees related to this equipment and my insurance will not be billed.
- 5) I understand that I will have the equipment for approximately 45 days or until I am discharged from nursing services. At that time, I agree to return the equipment to its original box for pick by UPS or a Personal-Touch staff member.
- 6) I understand that I will be the only person who will use the telemonitoring equipment.
- 7) I understand that Personal-Touch is not liable for any complications, injury or death or damage to my property that might occur as a result of my use of the equipment.
- 8) I understand that this is not a medical alert device and is not meant to diagnose, treat or cure any disease. It is for educational and instructional purposes only. I should call 9-1-1 if I have an emergency.
- 9) I understand that I have the right to refuse telemonitoring at any time.
- 10) I understand that if the equipment is not returned or is damaged beyond normal wear and tear, I will be billed for the replacement cost of the equipment as follows:
 - Tablet: \$250
 - Scale: \$125
 - Blood pressure monitor: \$100
 - Pulse Oximeter: \$225
 - Fast charging adapter and cord: \$25
- 11) I understand that I can rent the equipment after I am discharged from skilled nursing services, at a rate of \$150/month (cannot be billed to insurance).

Signature _____

Date _____