



Consent for VitalWatch²⁴ health monitoring program

I, _____, hereby consent to participation in the VitalWatch²⁴ health monitoring program. I understand this program is a voluntary program and either myself or Koerner Health Solutions, LLC may terminate participation at any time for any reason. I agree to return all VitalWatch²⁴ equipment and devices to Koerner Health Solutions, LLC upon termination of my participation in the program.

I understand that the VitalWatch²⁴ program will measure and transmit certain health and wellness metrics to an internet connected device that will be supplied by myself or be placed into my residence by KHS, LLC. This data may be transmitted over unsecured networks based on my location and connectivity to cellular or wireless networks, however access to this data is available only via authorized access to devices with a visual display and password/fingerprint protection.

I understand that I will be given a wearable monitoring device that I should wear at all times and should not remove except during the times I am instructed by VitalWatch²⁴ personnel. I understand the wearable monitoring device, while water and fluid resistant, can be damaged by prolonged exposure to water and fluids and agree to maintain a clean, dry environment for proper function of the device to occur. I agree not to bathe or shower while wearing the device. I further agree to maintain proper battery charge of the monitoring/transmission device and understand that the monitoring device must be in connectable range of the connection device for data transmission to occur.

I understand that I am to maintain safe harbor for any VitalWatch²⁴ related devices and equipment and will not allow devices or equipment to be lost, damaged, or stolen. I understand that I will be liable for reimbursing Koerner Health Solutions, LLC for the cost of lost, damaged, or stolen equipment and will be charged to my account. The cost will be as follows:

HELO LX+ - \$249, data/smart phone - \$100, HELO LX charger - \$20

I understand my health data will only be received and available for viewing by Koerner Health Solutions, LLC personnel directly involved in my care while I remain on service, and consent for those Koerner Health Solutions, LLC personnel who require access to my health data for clinical or billing purposes to do so within all applicable HIPPA laws and Koerner Health Solutions, LLC company policies.

I also give explicit permission for the following individuals to have access to my health data via the smart phone app that is available for transmission from the client's or KHS's data transmission device. I also consent for Koerner Health Solutions, LLC personnel to communicate verbally, in writing, email, or fax to my health providers and payor sources who are directly involved in my care or reimbursement for services.

1. _____
2. _____
3. _____
4. _____

I understand that wearable monitoring devices provide accurate health measurements that are for ambulatory trending purposes only and, occasionally, may provide inaccurate measurements. I understand that any concerning or abnormal readings should be corroborated with any potential symptoms, traditional clinical measuring devices, and clinician assessment and review.

I understand that real time monitoring occurs when the monitoring device and transmission device are actively connected. The monitoring device will continue to record health data while worn even if not connected to the transmitting device. I understand that my health data will be transmitted once connection to the transmitting device is established.

I understand that the CallBell™ feature requires an active connection to the transmission device in order to send the CallBell™ signal to KHS. If attempting CallBell™ request for RN callback, I will ensure the monitoring and transmission device are actively connected. I understand that if I do not receive a callback by a KHS representative within 5 mins that I may repeat the CallBell™ request, or call the company directly to request an RN callback.

I understand the purpose of the CallBell feature on the HELO device as a method to request a telephone call back from VitalWatch²⁴ personnel for non-emergent, non-life threatening purposes. The CallBell™ feature is not a substitute for 911 service and I should call 911 if I feel I'm having a life threatening or emergent health problem.

Patient/Caregiver: _____

Date: _____

Witness: _____