



**American
Heart
Association.**



AHA COVID HTN Blood pressure machine consent

I, _____ (Patient name-first/last) _____ date of birth

confirm that I have received on _____ Date of receipt

a free remote blood pressure machine I-health TRACK .

This blood pressure machine is to be used by me while I am a patient with the LIFQHC.

It cannot be sold or transferred to anyone else.

If it is lost stolen or damaged, I agree to report to my provider that this has occurred within 24 hours and the circumstances in which this happened. I agree to putting forth a good faith effort to maintain safe keeping of this device.

I agree to set up this machine to allow for remote transmission of my blood pressure readings to my medical provider at a frequency directed by him/her. LIFQHC will provide me with the assistance and instructions to do so. In the event I encounter any technical difficulties in downloading my blood pressure readings automatically, I agree to email a download of my readings to my provider or review with my provider a physical log of my readings.

In the event that I routinely do not use the machine as agreed to above or discontinue being a patient of the LIFQHC, the LIFQHC has full discretion to request the device's immediate return.

If the LIFQHC requests the immediate return and I refuse or do not return the device within a reasonable period of time, I understand that I will be liable and billed for the entire value of the device at the purchase price of \$28.00.

_____ Patient signature

_____ Nurse signature