

HOME SLEEP TEST CONSENT AND RELEASE FORM

We are the HST provider you have chosen. Under doctor's order (or your discretion), we are providing a HST device. It is important to us that you understand and consent to your financial responsibility and duty to return the HST device. It is also important that you understand your privacy rights. Please sign this Consent Form only after you fully understand your rights and responsibilities, and all of your questions have been answered.

YOUR RESPONSIBILITIES

HST. If you have any problems, please email or call. We are here to answer your questions.

Financial Responsibility. Payment in full is required before we loan you the HST device. Superbill is issued with results.

Device Return. We are loaning you the HST device. You must return it within 3-days from the date of receipt. If not returned within the specified timeframe, we will bill the card below \$250 per day until the device has been shipped.

YOUR RIGHTS

Privacy Practices. We have made available our Notice of Privacy Practices (**NPP**), which explains how we may use and disclose your health information.

ACKNOWLEDGEMENT: By signing you acknowledge that: (1) You will not permit any other person to use the HST device or take the home sleep test; (2) We do not diagnose, write prescriptions, or act as your physician; (3) You have downloaded our NPP (HIPPA agreement), and (4) You have read and understand the terms of this Consent Form.

Credit Card Authorization Form

Please complete all fields.

This authorization will remain in effect until the home sleep testing device is returned

| Credit Card Information |
|--|
| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX |
| Cardholder Name (as shown on card): _____ |
| Card Number: _____ Three Digit Code on Back: _____ |
| Expiration Date (mm/yy): _____ |
| Cardholder ZIP Code (from credit card billing address): _____ |

I, _____, authorize _____ to charge my credit card above for agreed upon purchases if the home sleep testing device is not returned within 3 days. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date