HOME SLEEP TEST CONSENT AND RELEASE FORM

We are a home sleep test (**HST**) provider. Under your doctor's order, we are providing you with the HST device. It is very 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, you must call us immediately at **864-315-0928.** We are always here to answer your questions.

Use of the HST Device. You are the only person authorized to use this HST device and take the home sleep test.

Financial Responsibility. You authorize us to obtain any information relating to your care from other hospitals, physicians, and providers. You must pay us in full before we loan you the HST device.

Device Return. We are loaning you the HST device. You must return it to us within 3-days from the date of receipt. If you do not return the HST device to us within the specified timeframe, we will bill you for its cost, up to $4,000.00.

YOUR RIGHTS

Privacy Practices. We are giving you a copy of our Notice of Privacy Practices (***NPP***), which explains how we may use and disclose your health information.

ACKNOWLEDGEMENT: By signing below you acknowledge that: (1) You are under the supervision of your physician; (2) Your physician has prescribed HST and you have talked about this with her/him; (3) You will not permit any other person to use the HST device or take the home sleep test; (4) We do not diagnose, write prescriptions, or act as your physician; (5) You have been given our NPP, and (6) You have read and understand the terms of this Consent Form.

You do not have to sign this Consent Form. If you do not sign, we will not loan you the HST Device.

Printed Name of Patient: _____ Date of Birth: _____/_____/_____

_____ Date: _____/_____/_____

Signature of Patient or Patient's Legal Representative

_____

Printed Name of Legal Representative (If applicable)

Best telephone number to reach me: _____

Witness:_____