

Purpose of the *Home Stay* tool :

Home Stay is a personal health support tool provided by Blue Cross of Idaho. It is a remote monitoring system designed to help you remain healthy and independent in your home.

Home Stay may detect changes in your daily patterns, which might be an indication of oncoming illness or other health concern. Home Stay may prevent conditions from getting worse and keep you well. The system also helps you to remain at home independently.

Your Home Stay care team will know when there are unusual activities and when extra care may be needed. This may even help you avoid a hospital or emergency room visit.

Policies/Procedures

Installation: Once you agree to participate in the program, a Home Stay technician will contact you. They will schedule a convenient installation date for the system to be placed in your home. Your family members are welcome to be present during installation.

Daily use: Once the system is installed, Home Stay will learn your regular daily patterns. There is no need to change your regular daily activities after Home Stay is active; you simply live as you normally do. This allows the system to detect when there is a change in your regular activity, which may signal a possible health concern or emergency.

De-installation: Your Home Stay program will end after 12 months. During that time, if you no longer want to be part of the program, or if you move or otherwise become ineligible, Home Stay will send you a return postage-paid box for you or your family member to remove the system from your home and mail it back to us.

Consent

I have read this consent form and all of my questions about the system have been answered. I freely consent to participate in the **Home Stay** system. I understand that I can request the **Home Stay** system to be removed at any time. I understand that the **Home Stay** system will need to be removed if I am no longer a member of Blue Cross of Idaho, or if I move to an assisted living facility or nursing home.

I authorize Home Stay and/or a subcontractor to access my medical information as needed throughout the duration of this program, as well as collect and retain information generated by the system. I understand that this information will be used to analyze alerts and the program's results, and I agree to allow Home Stay to use this information on a de-identified basis to make the Home Stay product better for me and other users.

Consent signature:

Member name/Authorized representative (Printed)

Date

Member/Authorized representative signature

Date

Home Stay Member Contacts

Please provide contact information for up to five neighbors, friends or family members that live near you and you trust. If we need to call you but can't reach you, we may call one of your trusted contacts to see if they can reach you.

| Name | Relation |
|------------|------------|
| Home Phone | Cell Phone |
| | |
| Name | Relation |
| Home Phone | Cell Phone |
| | |
| Name | Relation |
| Home Phone | Cell Phone |
| | |
| Name | Relation |
| Home Phone | Cell Phone |
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