



# Heartrak *ECAT2*

Patient Education Guide

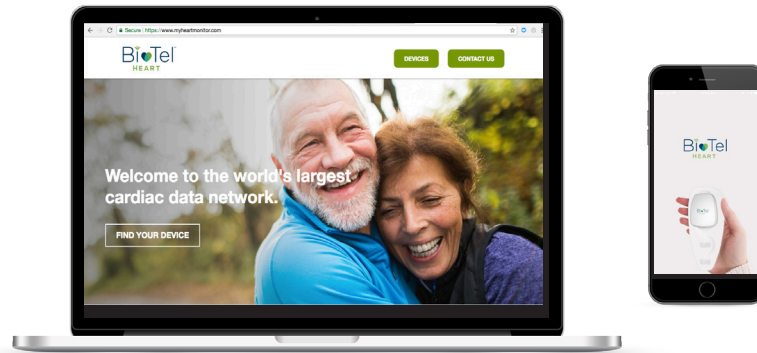


CardioNet & LifeWatch

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Need help or have questions?  
Contact Customer Service Toll Free at 1.866.426.4401  
or visit [www.myheartmonitor.com](http://www.myheartmonitor.com) for online support.

**Visit us online**  
www.myheartmonitor.com



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## **IMPORTANT REMINDER:**

Heartrak ECAT<sup>2</sup> is not an emergency response service. If at any time you experience a symptom that you feel is a medical emergency, you should immediately dial 911 for medical assistance.

# 1

# Before You Begin

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## In this Section:

- About Our Service 3
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# 1 About Our Service

HeartrakECAT<sup>2</sup> - Before you Begin

Your physician has prescribed **ECAT service** for you.

Trained technicians review data and watch for unusual activity 24 hours a day/7 days a week, and in some cases may contact your physician. Clinical reports are made available to your healthcare professional during and at the end of your service.

To get started, follow the Quick Start Instructions and review the important information in this guide.

## If you have any questions or concerns, please contact us.

**Customer Service:** 1-866-426-4401 (24 hours a day/7 days a week)

**Billing:** 1-855-572-3999 (Weekdays 9:00am - 5:00pm EST)

**Email:** CustomerService@gobio.com

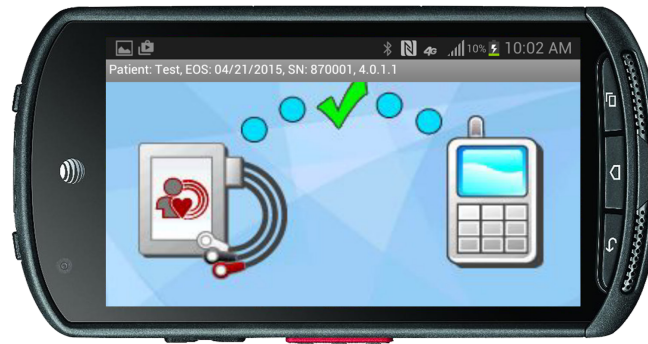
**Online Chat:** [www.myheartmonitor.com](http://www.myheartmonitor.com) or via the BioTel Heart App/Contact Us

# 1

## Getting to Know the Monitor

**HeartrakECAT<sup>2</sup>** - Before you Begin

**BioTel Heart uses a variety of monitor types. For details about the monitor you received please refer to your “Monitor Instruction Card”.**



**The Heartrak ECAT<sup>2</sup>** is a small portable device that gathers data from the sensor and sends the information to our 24-hour monitoring center. The monitor automatically transmits data using a built-in cell phone. Although the monitor will transmit ECGs from your heart automatically, it is important to record symptoms as you feel them. This will provide additional information on the reports received by your physician. Instructions for recording symptoms are in the “Things to Know” section of this guide.

## About the Heartrak ECAT<sup>2</sup> Sensor

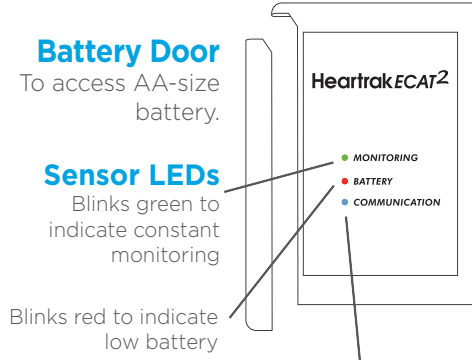
- The Heartrak ECAT<sup>2</sup> sensor is a small device that clips to your waistband.
- Three lead wires gather data from your heart.
- The sensor gathers and stores up to 30 days of data.

## Important

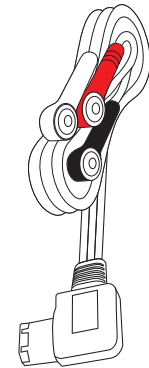
- Keep the monitor and sensor within 10 feet of each other to ensure constant communication.
- Change the sensor battery at the same time every day.
- The sensor will beep for the following reasons:
  - A recording has been initiated or completed for reporting purposes.
  - The battery is low.
- LED lights on the sensor indicates its status. Please note, lights will not illuminate if the lead wires are not plugged into sensor.

## Lead Wires

Each wire snaps to an electrode. The plug is inserted directly into the sensor.



Blinks blue slowly when events are waiting to be transmitted, or rapidly when events are being transmitted



# 1

## Getting to Know the Sensor

**HeartrakECAT<sup>2</sup>** - Before you Begin

### Sensor Holster

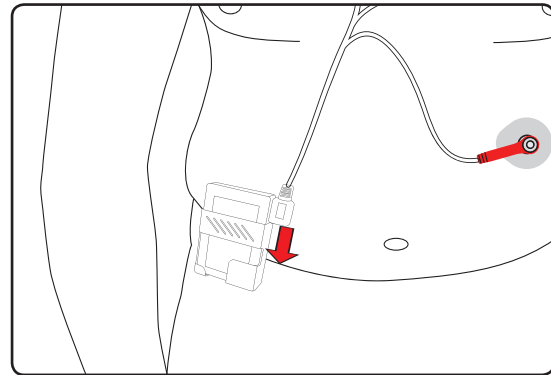
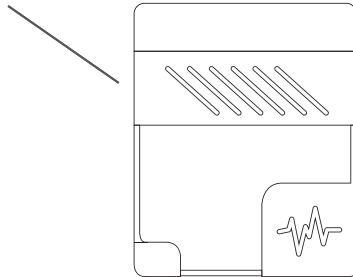
The sensor holster allows you to clip the sensor to a waistband.

To insert sensor:

- Slide the sensor into the sensor holster.
- Clip the holster to your waistband.

### Sensor Holster

Holster for sensor worn on the belt.





# 2

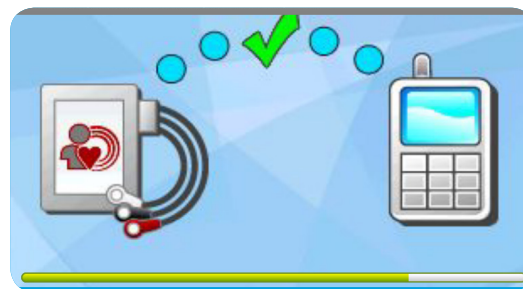
## Things to Know

### In this Section:

- Recording a Symptom 8
- Sensor Battery 10
- Replacing Electrodes 11
- Skin Care- Bathing & Water Activities 12
- Skin Care- Issues 13
- Concluding Service 15
- Troubleshooting 16

## 2 Recording Symptoms

The monitor and sensor work together to transmit important ECG data to the monitoring center. However, you have the ability to record ECG data associated with symptoms you are feeling.



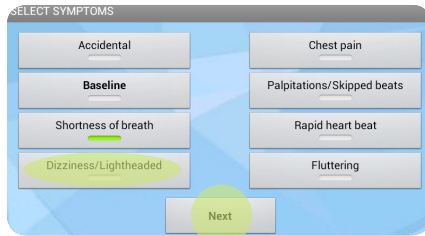
1 Press and release the **RECORD** button on top of sensor.

- Sensor will emit a short beep to signify recording has begun.
- “Monitoring” light is solid GREEN while recording.
- The recording may take several seconds to complete.
- When recording is complete, sensor will emit two short beeps.

2 Wait for data to transmit.

- After the sensor has finished recording, the data will upload to the monitor.
- A progress bar will appear indicating that data is being uploaded to the monitor.

## 2 Recording Symptoms



### 3 Select Symptoms and press **Next**.

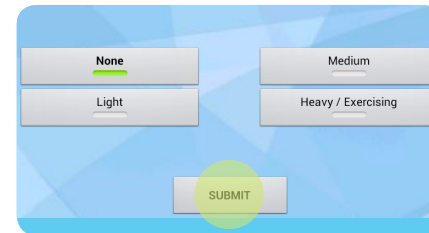
After data uploads, the monitor will beep and the “SELECT SYMPTOMS” screen will display.

- Select one or more symptoms.
- Press **Next**.

**Please Note:** The “SELECT SYMPTOMS” screen will display for up to 3 minutes to allow you time to make a selection.

- If you initiated a recording in error select “Accidental” as the Symptom.

## HeartrakECAT<sup>2</sup> - Things to Know



### 4 Select Activity Level and press **Submit**.

Select your level of activity at the time the symptom occurred.

- Only one level of Activity can be selected.
- Press Submit to send the data to the Monitoring Center for review.

## 2

# Sensor Battery

### Sensor Battery

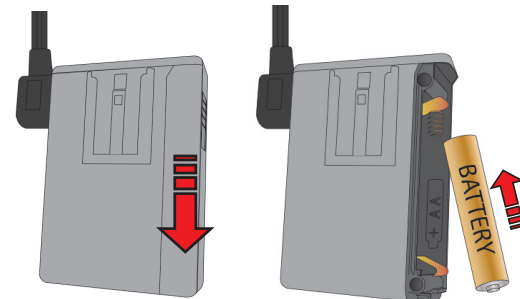
- The sensor battery will last 24 hours.
- The sensor battery **must** be replaced (at approximately the same time) **each day**.
- When the sensor battery gets low, the “Battery” LED will blink red, and the sensor will beep.
- When the sensor battery is depleted, no LEDs will illuminate.



### Changing the Sensor Battery

To Replace:

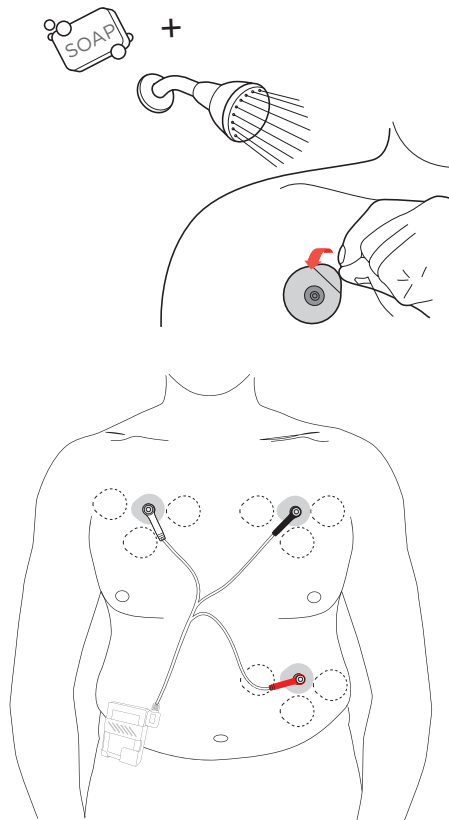
1. Slide battery compartment open by pushing in and down on the ridges of the battery door.
2. Discard used battery.
3. Insert a new battery. Use the AA battery image in compartment to ensure proper orientation.
4. Slide the sensor door closed.
5. The “Monitoring” LED will blink indicating that battery was inserted correctly.



**2**

## Replacing Electrodes

HeartrakECAT<sup>2</sup> - Things to Know



**Change your electrodes every other day.** Follow these steps:

- Turn off monitor.
- Remove battery from sensor.
- Unsnap lead wires from the electrodes.
- Gently remove electrodes from skin  
- Use soap, water, or adhesive remover if necessary.
- Wash and dry skin thoroughly.
- Snap new electrodes to lead wires.
- Peel the plastic backing from the electrode and place electrode on skin in a slightly different location. Refer to illustration for alternate locations.
- Allow 10-15 minutes for electrodes to adhere to skin.
- Insert sensor battery and turn on monitor.

### Please Note:

If you have a Pacemaker implant, do not place the electrode directly on top of it.

2

# Skin Care - Bathing & Water Activities **HeartrakECAT<sup>2</sup>** - Things to Know

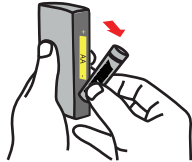
**BEFORE** showering, bathing, or other water activities:

1

See Monitor Instruction Card for Power On/ Off Instructions.

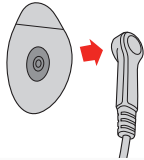
Power off the monitor.

2



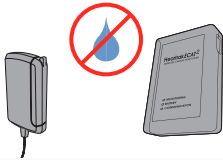
Remove the battery from the sensor.

3



Unsnap the lead wires from the electrodes.

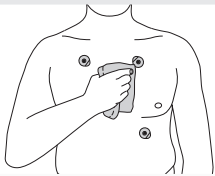
4



Keep the monitor and sensor away from water and steam.

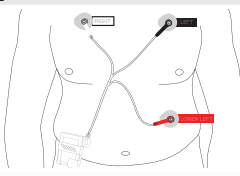
**AFTER** showering, bathing, or other water activities:

1




Dry the electrodes. If they are loose, follow instructions for replacing electrodes on the previous page.

2



Snap the lead wires to the electrodes. White on RIGHT, Black on LEFT, Red on LEFT RIB.

3



Put the battery in the sensor.

4

See Monitor Instruction Card for Power On/ Off Instructions.

Power on the monitor.

**Please Note:** The electrodes are water-resistant. You may wear them for showering and bathing.

### Electrodes Not Sticking

Occasionally, some patients experience issues with electrodes not firmly adhering to their skin. To reduce this risk please make a note of the following:

- Skin should be cleaned and dried thoroughly before applying or replacing electrodes. “Hydrating” and “moisturizing” soaps and body washes may make it more difficult for electrodes to adhere to skin.
- Using medical tape to keep the electrodes adhered may help.
- Change the electrodes more often, if needed.

### Please Note:

- If you need additional supplies, email: [CustomerService@gobio.com](mailto:CustomerService@gobio.com). Include your full name, date of birth, delivery address, supplies needed and supplies remaining. Please allow 3-4 business days for delivery.
- If you continue to have issues, please contact Customer Service at 1-866-426-4401.

### Irritated Skin

Minor skin irritation is common when wearing any type of electrode for several days, weeks, etc. We provide each patient with hypo-allergenic and latex-free electrodes.

**To reduce the risk of skin irritation, ensure that you do the following:**

- Change the electrodes every other day.
- When replacing electrodes, slightly change the location of each electrode.
- Ensure skin is clean and dry prior to applying a new electrode.
- The kit contains an alternative brand of electrodes if you experience issues.

### Please Note:

- Alternative electrodes are not guaranteed to resolve skin irritation.
- If your skin irritation becomes worse than minor itching, contact Customer Service. We may direct you to contact your physician.
- Customer Service cannot authorize you to end service, only your physician can authorize.



### Deactivation Message

When your monitoring is complete, a message will appear on the monitor. You do not need to call Customer Service. It is your responsibility to return the kit as soon as possible so that other patients can benefit from using this valuable service. You will be billed for the kit if it is not returned promptly.

**Please follow these steps when you receive the message that your prescription is complete:**

- Take off the sensor and remove the sensor battery.
- Turn off the monitor.
- Refer to the Kit Return Instructions.



**Monitoring Complete,  
Please Return  
Equipment.**

## 2 Troubleshooting

Occasionally you may experience technical issues with the monitor and sensor. Here are the most common issues and how to resolve them.

### Red X on Monitor Screen



**A Red X appears when the sensor is not able to communicate with the monitor. Follow the steps below to resolve the issue. Please note that any data stored on the sensor will upload to the monitor once the connection is re-established.**

1. Check the orientation of the sensor battery
2. Firmly press lead wire plug into sensor
3. Ensure monitor and sensor are within 10 ft. of each other
4. Firmly press electrodes onto skin
5. Ensure Airplane mode is turned off (Power Options)
6. Turn the monitor off then back on
7. If not resolved, replace sensor battery

### No Symptom Screen

**Please note it can take up to 2 minutes for the Symptom Screen to appear.** If the Symptom Screen does not appear when submitting a recording replace the battery in the sensor.

### Safe Mode (Phone Mode)

**This appears when the monitor has exited the ECAT application.** To resolve this issue turn off your monitor and turn it back on.

Issue Not Resolved? Still have questions?  
Call Customer Service at 1-866-426-4401.

# 3

## Frequently Asked Questions

### Service FAQ

- What can I expect while on service? (p.18)
- Do I have to record symptoms? (p.18)
- How do I order more supplies? (p.18)
- Can I shower while monitoring? (p.18)
- How far away can I be from the monitor? (p.18)
- Am I required to wear the monitor all the time? (p.19)
- Will traveling while monitoring affect my monitor transmissions? (p.19)
- How long will the monitor last, when fully charged? (p.19)
- Can I wear the monitor while exercising? (p.19)
- If I end service early, will my estimated cost be reduced? (p.19)

### Features & Troubleshooting FAQ

- The monitor screen is non-responsive, what do I do? (p.20)
- Will the monitor alert me if there is something wrong with my heart? (p.20)
- Why does the sensor make noise? (p.20)

### Reporting FAQ

- When will my physician get my results? (p.20)
- Will you call me if I have an arrhythmia? (p.20)
- Can I have my reports sent to me or another physician? (p.20)

### What can I expect while on service?

Reports will be generated and sent to your physician for review.

#### **BioTel Heart may contact you for the following:**

- A break in service greater than 24 hours
- Troubleshooting
- Physician request

### Do I have to record symptoms?

It is not mandatory to record symptoms. Recording symptoms when you feel them will provide additional information on the reports sent to your physician. When a symptom is recorded, the monitor gathers and transmits the data associated with the symptom, as well as ECG data that occurred before and after the symptom was recorded. There is no need to call to confirm the receipt of your recording.

### How do I order more supplies?

Email: **CustomerService@gobio.com**

phone: **1-866-426-4401**

Include your full name, date of birth, delivery address, supplies needed and supplies remaining. Please allow 3-4 business days for delivery.

### Can I shower while monitoring?

Yes, please refer to page 12 for instructions.

### How far away can I be from the monitor?

We recommend that you be no more than 10ft. away from the monitor.

### Am I required to wear the monitor all the time?

You are encouraged to wear the monitor at all times. The more you wear the monitor, the more information will be presented to your physician for accurate diagnosis. However, you must remove the monitor while bathing or participating in water activities. If you are choosing to remove the monitor for more than 24 hours, email CustomerService@gobio.com. Include your full name, date of birth, and be as specific as possible with the timeframe that you will not be monitoring. If you do not have access to email, contact Customer Service at 1-866-426-4401.

### Will traveling while monitoring affect my monitor transmissions?

The monitor can be worn anywhere in the US. If you are flying, remove the monitor and pack it in your carry-on luggage, reconnect once you land. If you are travelling out of the country, you can wear the monitor, but data will NOT transmit to the monitoring center until you return to the US. If you plan to travel outside of the country contact Customer Service at 1-866-426-4401, they will provide you with pertinent information.

### How long will the monitor last, when fully charged?

The monitor may last up to 10 hours. Variables such as cell strength, data gathering, and data transmission will impact the battery life.

### Can I wear the monitor while exercising?

Yes, unless otherwise directed by your physician.

### If I end service early, will my estimated cost be reduced?

No, the monitor is billed at a flat rate. Ending service early will not reduce the amount billed to your insurance or patient responsibility.

## 3 Monitoring Service FAQs

### The monitor screen is non-responsive, what do I do?

Turn off monitor, (see Monitor Instruction Card) wait 20 seconds, and turn on monitor. If monitor is still non-responsive, contact Customer Service.

### Will the monitor alert me if there is something wrong with my heart?

No. The monitor will not send you alerts. The Monitoring Center or Customer Service may contact you by phone for troubleshooting or if requested by your physician.

### Why does the sensor make noise?

- When you record an event (symptom) the sensor will beep at the beginning and end of the recording. The monitor will beep when the Symptom Screen displays.
- The sensor will also beep when it records your heart rhythms for specific reporting requests.

### When will my physician get my results?

Once you begin service your physician will receive reports. At the conclusion of your service your physician will receive a summary report.

### Will you call me if I have an arrhythmia?

The Monitoring Center will contact you if a specific request is made by your physician.

*Reminder: HeartrakECAT<sup>2</sup> is not an emergency service. If at any point you are having a medical emergency please dial 9-1-1.*

### Can I have my reports sent to another physician?

Yes, we can provide you or another physician copies of your reports upon completion of service with your consent. To receive copies of your reports email **CustomerService@gobio.com**. Include your name, date of birth, and service date. BioTel Heart will send you an Authorization for Release. Complete and return as directed on the form. Reports should be received within 7-10 business days.

## HEARTRAK ECAT<sup>2</sup> MODEL HT-ECAT-02 ADDENDUM TO THE PATIENT EDUCATION GUIDE

### INDICATIONS FOR USE:

Heartrak Smart ECAT is a wireless ambulatory, multi-channel, continuous ECG event recorder with embedded arrhythmia detection algorithms. Heartrak Smart ECAT registers symptomatic and asymptomatic cardiac events triggered by a patient manually or auto-triggered by embedded arrhythmia detection algorithms. Using wireless technology, Heartrak Smart ECAT, when placed within range of a compatible RF receiver, uploads recorded ECG waveform and ECG parameter data to the receiver. When data upload is complete, data can be reviewed and analyzed at a physician's office, clinic, or monitoring center.

Heartrak Smart ECAT does not deliver any energy, administer any drugs, make any diagnosis, or control a patient's life. Heartrak Smart ECAT is for prescription use only.

HEARTRAK ECAT<sup>2</sup> SENSOR IS NOT INTENDED FOR USE ON INFANTS THAT WEIGH EQUAL TO OR LESS THAN 10 KG (22 LBS).

### PRECAUTIONS:

#### DISPOSE OF BATTERIES PROPERLY

Observe all local laws for the disposal of alkaline batteries.

#### WHEN NOT IN USE, REMOVE Sensor BATTERY

Do not leave the battery in the Sensor when it is not in use.

#### AVOID ELECTROMAGNETIC INTERFERENCE

For the best recording results, you should avoid close proximity to heavy equipment or other sources of electromagnetic interference such as electric blankets, heating pads, water beds, etc.

#### POTENTIAL FOR ELECTROMAGNETIC INTERFERENCE

There is a potential for electromagnetic interference to other devices while using the Heartrak ECAT<sup>2</sup> Sensor.

#### USE WITH IMPLANTED PACEMAKERS AND ICDs ( DEFIBRILLATORS)

If you have an implanted pacemaker or defibrillator (ICD), the manufacturer may have recommended you take certain precautions when using a cellular phone. Since the Heartrak Communicator Monitor is a cellular phone with Heartrak ECAT<sup>2</sup> Application installed, you should take the same precautions when carrying and using the Monitor. In general, most manufacturers recommend the following:

- You should keep a distance of at least six inches (15 cm) between the Monitor and a pacemaker or defibrillator.
- You should hold the Monitor on the opposite side of the body from the pacemaker or defibrillator.
- Don't carry the Monitor in a breast pocket or on a belt if that would place the Monitor within six inches of the pacemaker or defibrillator.
- You should refer to the manufacturer's information for guidance regarding your pacemaker or ICD and interference issues.

### CAUTIONS:

#### POWER DOWN Monitor AND Sensor BEFORE SHOWERING

Remove the Sensor before showering. The Heartrak ECAT<sup>2</sup> Sensor and Heartrak Communicator Monitor are water resistant, not waterproof.

#### DO NOT GET THE Monitor AND Sensor WET

Make sure the Monitor and Sensor stay dry at all times.

## **CLEANING**

Use a soft cloth to clean the equipment. In case of a spill on equipment, please disconnect the equipment and return it to BioTelemetry using the return shipping instructions provided in your kit.

## **LIMITATIONS OF COVERAGE**

CardioNet's ability to obtain information regarding a cardiac event and to contact you or your physician in a timely manner is limited by a number of factors including:

- Transmission of information about a cardiac event to the Monitoring Center is potentially limited by the availability of cellular phone coverage.
- There is an inherent time delay from the time that an event is detected to when the events are analyzed and confirmed by a Certified Cardiac Technician (CCT).
- There is an inherent time delay from when the event is analyzed and confirmed by the CCT to when the Monitoring Center is able to make contact with you or your physician.
- If you or your physician are not accessible by telephone, the Monitoring Center will not succeed in making contact with you or your physician.

## **WARNINGS**

### **FOR USE WITH TELEPHONE SYSTEM**

Any patient whose life may be put at significant risk by the unavailability of the telephone system should not participate in Monitoring Services.

NOT AN APNEA Sensor

The Heartrak ECAT<sup>2</sup> is not to be used as an apnea sensor.

### **USE ONLY WITH ELECTRODES**

While wearing the Heartrak ECAT<sup>2</sup> Sensor, use only electrodes provided by the Monitoring Center.

### **NOT AN EMERGENCY RESPONSE SERVICE**

The Monitoring Center is not an emergency response service. If you experience any symptoms that concern you, seek medical help.

### **DO NOT TAMPER WITH DEVICE**

There are no serviceable parts in the Heartrak ECAT<sup>2</sup> System components. Removing the cover of any component may alter device performance.

### **DO NOT TAMPER WITH MONITOR BATTERY**

The Monitor's battery can present a fire or chemical burn hazard if mistreated. Do not disassemble, heat, incinerate, or recharge using any device other than the supplied power cord.

### **USE ONLY MONITOR'S POWER CORD IN SINGULAR OUTLET**

### **DO NOT USE NEAR FLAMMABLE ANESTHETIC**

Units are not to be used in the presence of flammable anesthetic.



## HEARTRAK ECAT<sup>2</sup> SPECIFICATIONS

### PHYSICAL

7.4 cm x 5.3 cm x 1.8 cm; Weight: 90 gm. with battery  
Operating Temperature 10 - 40 °C  
Storage Temperature -20 - 65 °C  
Relative Humidity 10 - 90%

### TECHNICAL

Transmission Mode Bluetooth 2.0 SPP Profile  
RF Transmission Range 10m

### ELECTRICAL

Common Mode  
Ratio @5Hz 60dB  
Range AC+DC 3 0.5V  
Differential Input  
Range AC 15Hz 3 3mV  
Range DC 3 250mV  
Bandwidth +1dB,-3dB 0.05-30Hz  
Sampling Rate 205 Hz  
ADC Resolution 8 Bit  
Input Impedance with supplied leads (at turn On or after a large voltage excursion) @ 5Hz 2MΩ  
Recovery Time 2 Seconds  
Recording Period 30 Days  
Battery Type AA 1.5 V  
Battery Life (calculated) 2 Days

## HEARTRAK COMMUNICATOR MONITOR

Battery Type 3100mAh Lithium ion (Li-ion) non-removable  
Display 4.5", IPS, 720p HD impact-resistant touchscreen (1280 x 720 pixels)  
Operating System Android™ 5.1.1 (Lollipop)  
Processor Qualcomm® Snapdragon™ 400 processor with 1.4GHz quad-core CPU (MSM8928)  
Radios GSM/GPRS/EDGE: 850/900/1800/1900MHz  
UMTS/HSPA/HSPA+: 850/900/1900/2100MHz  
LTE: B2/B4/B17/B5, Cat. 4  
LTE Intl. roaming: B1/B7

Memory 16GB ROM/2GB RAM microSD™ memory card slot (supports up to 32GB)

SIM Type Nano SIM card

Size 5.39 x 2.78 x 0.55 in (136.8 x 70.5 x 13.9 mm)

Weight 7.06 oz (200 g)

Audio WMA, AAC, AAC+, eAAC+, AMR-NB, AMR-WB, MP3, QCELP, EVRC, MIDI, OGG (Vorbis), WAV, FLAC

Video H.263, H.264, MPEG4, WMV, VP8

Image JPEG, GIF, PNG, BMP, WEBP

Operating Temperature -22° F to 140° F (-30° C to 60° C)

**CardioNet, LifeWatch, and BioTel Heart are trademarks of BioTelemetry, Inc.**

## **TERMS AND CONDITIONS OF THE BIOTELEMETRY SERVICE AGREEMENT.**

### **PLEASE READ THIS DOCUMENT CAREFULLY BEFORE ACTIVATING THE MONITOR.**

**To activate your monitor and begin service you will be asked to accept the terms of this Agreement. Answering “Yes” to the questions on the monitor’s touch screen prior to activation is your acceptance of the terms listed in this document. If you do not agree with the terms of this document please notify Customer Service at 1-866-426-4401 immediately.**

### **PRIVACY AND CONFIDENTIALITY**

By signing this document and/or accepting these terms electronically, you acknowledge that you have received a copy of BioTelemetry’s Notice of Confidentiality and Privacy Practices, which is incorporated in this agreement below. This acknowledgment is required by the Health Insurance Portability and Accountability Act (HIPAA) to ensure that you have been made aware of your privacy rights. You give BioTelemetry your consent and permission to communicate with other members of your household, if necessary, with regard to your BioTelemetry service. You also authorize BioTelemetry to provide your monitoring data to your physician and his /her staff and to Emergency Medical Services by phone, e-mail, fax or through secure Internet access. You will also be asked to give BioTelemetry permission to use your monitoring data, without your identity, in clinical research and case studies. This is an option and not required to continue to receive BioTelemetry monitoring service (“Service”). You consent to receiving calls from BioTelemetry and its affiliates or authorized agents on your landline or cellular telephone related to the service or payment related to the service. For example, BioTelemetry or its affiliate or authorized agent may contact you in order to obtain the loaned BioTelemetry Monitoring System (“System”) or seek payment for the value of the System. You understand that such communications may include the use of prerecorded voice messages and/or automatic telephone dialing systems.

### **ASSIGNMENT OF BENEFITS**

I request that payment of authorized health insurance benefits, including Medicare benefits, if I am a Medicare beneficiary, to be made on my behalf to CardioNet, LLC. or Healthcare Corporation of America (subsidiaries of BioTelemetry, Inc.) for any medical services provided to me. I authorize any holder of medical and/or insurance information about me to release to CardioNet or Healthcare my health insurance carrier, or the Centers for Medicare and Medicaid Services (CMS) any information needed to determine these benefits or Healthcare or the benefits payable for related services provided under this agreement. This assignment includes all dates of services rendered for all insurance plans. A copy of this authorization will be sent to CMS or my health insurance carrier if requested. The original will be kept on file. I understand that I am fully responsible for any co-payments, co-insurance, deductibles, payments made directly to me by my health insurance carrier for CardioNet services, and, when allowed by law, services not-covered or payable under my health insurance plan. I also understand that by signing this form and/or accepting these terms electronically, I am accepting financial responsibility as explained above for all payment for services received. By signing this document and/or accepting these terms electronically, I acknowledge that I have received a copy of BioTelemetry’s Notice of Privacy Practices. This acknowledgement is required by the Health Insurance Portability and Accountability Act (HIPAA) to ensure that I have been made aware of my privacy rights.

### **SERVICE AGREEMENT**

Financial Terms I understand that I am fully responsible and agree to pay for any co-payments, co-insurance, deductibles, all payments made directly to me by my insurer for CardioNet services, and when allowed by law, services not-covered (not payable) under my health insurance plan. I acknowledge that I am financially responsible for the loaned Monitoring System (sensor, monitor, and accessories), which I am obligated to return upon completion of the service. If I do not immediately return the Monitoring System, I hereby authorize BioTelemetry to invoice me for, and agree to pay BioTelemetry, the value of the Monitoring System and any associated collection costs should collection or legal costs be incurred by BioTelemetry.

## **OPERATIONAL NOTICES**

I hereby acknowledge that, given the variance in cellular phone coverage and signal strength, the System may not always provide continuous transmission of my ECG rhythm to the Monitoring Center. In the event that there is no cellular phone coverage or adequate signal strength to transmit recorded events, I will move to an area to optimize transmission capability or connect the monitor and base to a direct telephone line as requested. I hereby acknowledge that the System is intended to aid in diagnosis only, and is not designed for prevention or treatment of any event or condition. I agree to immediately discontinue use of the System upon any sign of discomfort or other problems directly related to the System, and to promptly report such discomfort or other problems to BioTelemetry. I give BioTelemetry and its subsidiaries my consent and permission to communicate with other members of my household, if necessary, with regard to my service. I also authorize BioTelemetry and its subsidiaries to provide my monitoring data to my physician and his /her staff and to Emergency Medical Services by phone, e-mail, fax or through secure Internet access. I will also be asked to give BioTelemetry and its subsidiaries permission to use my monitoring data, without my identity, in clinical research and case studies. This is an option and not required to continue to receive monitoring services.

## **NOTICE OF CONFIDENTIALITY AND PRIVACY PRACTICES**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## **PROTECTING YOUR HEALTH INFORMATION**

BioTelemetry, Inc., together with its family of companies including CardioNet, LLC, Heart-Care Corporation of America, Inc., LifeWatch Services, Inc., and Telcare Medical Supply, LLC, understands the importance of keeping your health information private. We are required by law to maintain the privacy of health information that identifies you or can be used to identify you. We are also required to provide you with this notice of our privacy practices, our legal duties and your rights concerning your health information. We are required to abide by the terms of this notice currently in effect. We may modify or change our privacy practices described in this notice from time to time, particularly as new laws and regulations become effective. Any changes will be effective for all the health information that we maintain, even information in existence before the change. If we materially modify our privacy practices, you may obtain a revised copy of this notice by contacting us using the information listed at the end of this notice, or by accessing our website at [www.gobio.com/patients](http://www.gobio.com/patients).

## **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

### **USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT**

We may use and disclose your health information, without your authorization, in the following ways:

**Treatment:** We may use and disclose your health information to provide, coordinate or manage your treatment. For example, we may disclose your health information to a provider who requests this information to treat you.

**Payment:** We may use and disclose your health information to bill and get payment for health services we provide to you. For example, we may disclose your health information to your health insurance plan to obtain payment for services provided to you.

**Health Care Operations:** We may use and disclose your health information in order to support our business activities. For example, we may use your health information to conduct quality improvement activities, to engage in care coordination and case management, to conduct business management and general administrative activities, and other similar activities.

**Health & Wellness Information:** We may use your health information to contact you with information about health related services or appointment reminders. If you do not wish to receive this type of information, you may request to opt-out of receiving this information by sending an email to [privacy@biotelinc.com](mailto:privacy@biotelinc.com) or calling the phone number provided at the end of this notice.

**Research:** Under certain circumstances, we may disclose your health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and protocols to ensure the privacy of your health information.

**Death; Organ Donation:** We may disclose your health information to a coroner, medical examiner, funeral director or organ procurement organization for certain purposes as necessary for each to carry out their duties. For example, if you are an organ donor, we may disclose your health information to an organ procurement organization as necessary to facilitate organ donation or transplantation. We may disclose your health information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

**Public Health and Safety:** We may disclose your health information in connection with certain public health reporting activities. For example, we may disclose your health information to a public health authority authorized to collect or receive such information such as state health departments and federal health agencies. We may use and disclose your health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes. We may also disclose your health information to the Food and Drug Administration (FDA) or a person subject to the jurisdiction of the FDA for the purpose of activities related to the quality, safety or effectiveness of an FDA-regulated product or activity.

**Required by Law:** We will use or disclose your health information when we are required to do so by law.

**Process and Proceedings:** We may disclose your health information in response to a court or administrative order, subpoena, discovery request or other lawful process.

**Law Enforcement:** We may disclose your health information, so long as applicable legal requirements are met, to a law enforcement official, such as for providing information to the police about the victim of a crime.

**Inmates:** We may disclose your health information if you are an inmate of a correctional institution and we created or received your health information in the course of providing care to you.

**Military and National Security:** We may disclose your health information to military authorities if you are a member of the Armed Forces. We may disclose your health information to authorized federal officials for lawful intelligence, counterintelligence, protection of the President and authorized persons or foreign heads of state and other national security activities.

**Workers' Compensation:** We may disclose your health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

**Health Oversight:** We may disclose your health information in connection with certain health oversight activities of licensing and other agencies, such as audit, investigation, inspection, licensure, or disciplinary actions, and civil, criminal, or administrative proceedings.

**Required by the Secretary of Health and Human Services:** We may be required to disclose your health information to the Secretary of the United States Department of Health and Human Services to investigate or determine our compliance with certain legal requirements.

**National Instant Criminal Background Check System:** We may use or disclose your health information for purposes of reporting to the National Instant Criminal Background Check System the identity of an individual who is prohibited from possessing a firearm under 18 U.S.C. 922(g)(4).

**Business Associates:** We may disclose your health information to persons who perform functions, activities or services to us or on our behalf that require the use or disclosure of your health information. To protect your health information, we require the business associate to appropriately safeguard your information.

**To You:** We will disclose your health information to you, as described in the Individual Rights section of this notice.

### **USES AND DISCLOSURES THAT MAY BE MADE EITHER WITH YOUR AGREEMENT OR THE OPPORTUNITY TO OBJECT**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, orally or in writing, your health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition.

### **USES AND DISCLOSURES THAT MAY BE MADE EITHER WITH YOUR AGREEMENT OR THE OPPORTUNITY TO OBJECT**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, orally or in writing, your health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition.

### **USES AND DISCLOSURES BASED ON YOUR WRITTEN AUTHORIZATION**

**Marketing:** We must obtain your written authorization to use and disclose your health information for most marketing purposes.

**Sale of Health Information:** We must obtain your written authorization for any disclosure of your health information which constitutes a sale of health information.

**Other Uses:** Other uses and disclosures of your health information will be made only with your written authorization, except as described in this notice or as otherwise required or allowed by applicable law.

In the event that we ask for your authorization to use or disclose your health information, we will provide you with an appropriate authorization form. Once you've given us a written authorization, you can revoke that authorization at any time, except to the extent that we have taken action in reliance on your authorization.

### **INDIVIDUAL RIGHTS**

**Access:** You have the right to see or get an electronic or paper copy of your health information by submitting a request to us in writing using the information listed at the end of this notice. There are certain exceptions to your right to obtain a copy of your health information. For example, we may deny your request if we believe the disclosure will endanger your life or that of another person. Depending on the circumstances of the denial, you may have a right to have this decision reviewed. We will charge you a fee to cover the costs incurred by us in complying with your request.

**Disclosure Accounting:** You have the right to an accounting of disclosures of your health information made by us by submitting a request to us in writing using the information listed at the end of this notice. This right only applies to instances when we or our business associates disclosed your health information for purposes other than treatment, payment, health care operations, upon your written authorization, and certain other activities. The right to receive this information is subject to certain exceptions, restrictions and limitations. You must specify a time period, which may not be longer than 6 years. You may request a shorter timeframe. You have the right to one free request within any 12-month period, but we may charge you for any additional requests in the same 12-month period. We will notify you about any such charges, and you are free to withdraw or modify your request in writing before any charges are incurred.

**Restriction Requests:** You have the right to request restrictions on the use and disclosure of your health information by submitting a request to us in writing using the information listed at the end of this notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to these additional restrictions, except we must agree not to disclose your health information to your health plan if the disclosure (1) is for payment or health care operations and is not otherwise required by law, and (2) relates to a health care item or service which you paid for in full out of pocket. If we agree to a restriction, we will abide by our agreement (except in an emergency).

**Confidential Communication:** You have the right to receive certain communications confidentially. That means you can request that we communicate with you by alternative means or to an alternative location by submitting a request to us in writing using the information listed at the end of this notice. We will accommodate your request if it is reasonable and specifies the alternative means or location. We may also condition this accommodation by asking you for information as to how payment will be handled.

**Amendment:** You have the right to amend your health information in our records for as long as we maintain the information. You must make a request in writing, using the information listed at the end of this notice, to obtain an amendment. Your written request must explain why the information should be amended. If we agree to amend your health information, we will make reasonable efforts to inform others of the amendment and to include the changes in any future disclosures of that information. We may deny your request if, for example, we determine that your health information is accurate and complete. If we deny your request, we will send you a written explanation and allow you to submit a written statement of disagreement to be appended to the information you want amended.

**Paper Notice:** If you receive this notice electronically you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

**Breach:** You have the right to be notified if you are affected by a breach of unsecured health information.

## **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about your rights to your health information, you may submit a complaint to us using the information listed at the end of this notice. You may also submit a complaint to the U.S. Department of Health and Human Services.

We support your right to protect the privacy of your health information. We will not retaliate against you in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

## **CONTACT INFORMATION**

BioTelemetry, Inc.  
Privacy Officer  
1000 Cedar Hollow Road, Suite 102  
Malvern, PA 19355  
Telephone: 610.729.7000  
email: [privacy@biotelinc.com](mailto:privacy@biotelinc.com)  
Update Effective Date: August 30, 2017

**IMPORTANT REMINDER:**

This device provides a diagnostic test. It is not an emergency response service. If at any time you experience a symptom that you feel is a medical emergency, you should immediately dial 911 for medical assistance.

1000 Cedar Hollow Road, Suite 102, Malvern, PA 19355

Toll free: 1 (866) 426-4401 • [customerservice@gobio.com](mailto:customerservice@gobio.com) • [www.myheartmonitor.com](http://www.myheartmonitor.com)

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