



Ellon Medical Group Telehealth Monitoring: Florence

Patient Opt In Form

Patient's Name _____

Mobile phone number: _____

CHI _____

Ellon Medical Group Telehealth Contact: _____

I understand

- What Florence is, why I am using it and that my information will be used as described in the Privacy Notice.
- What data about me is going to be collected and the purpose that it is collected for.
- If I am using Florence in conjunction with my GP practice, NHS Grampian and my GP Practice are joint data controllers, meaning they are responsible for my data.
- I can find more information about the data controller in the NHS Inform website or on my Health Board website.
- If I have data protection concerns I can approach the Data Protection Officer for NHS Grampian by emailing gram.dpo@nhs.scot.
- The text messages are not encrypted and are not sent using a separate secure network.
- **The telehealth monitoring system is not an emergency response service.**
- In case of immediate medical emergency, I know to call my GP practice or contact Emergency Services.
- That I will be able to receive and reply to text messages sent from Florence, at no (text cost) expense to myself.
- I should text "Away" to Florence when I travel abroad and on my return text "home" to restart the system. If I don't, my data may be processed by companies out with the EU and there could be additional costs.
- The Telehealth Monitoring equipment (where this is provided) remains the property of Ellon Medical Group. I am the only person who should be using the equipment and I will call the designated clinician with any queries I may have.
- It will be at the discretion of Ellon Medical Group if they choose to discontinue the Telehealth Monitoring. In addition, it is at the discretion of the clinical team the period of time any Telehealth monitoring equipment resides in my home (where this is provided).
- Information obtained from the Telehealth system is considered part of my patient record and Ellon Medical Group may share this information with other health care providers they feel necessary for the purpose of providing the agreed service to me.
- My data stored on Florence will be available to those NHS Grampian services I opt in to use Florence with.
- Any additional information collected about me for the purposes of the program will be held securely consistent with current Data Protection regulations.
- My anonymised data may be used for evaluation and service development purposes.
- I can withdraw from using Florence at any time and my usual care will not be affected.
- To stop using Florence at any point, I text "Stop" to the Florence system.

I agree

- I have read and understood the content of the Patient Information Leaflet and Privacy Notice and had the opportunity to ask questions about Florence and have had these answered satisfactorily.
- To provide my contact details above and for these to be used by the Florence Telemonitoring service.
- To return the Telehealth monitoring equipment (where this is provided) when requested, in the same condition that it was loaned to me.

Patient's signature _____

Date _____

Clinician's signature _____

Date _____

Opt In Form 2 copies required. One to be retained by the patient and one to be inserted into medical notes.



Date started Telehealth monitoring: _____

Date stopped Telehealth monitoring: _____

Date Reviewed: _____

Date Equipment returned: _____