



Informed Consent for Future Wearable Defibrillator Garment Type Rental Related to Compliance with Cumulative Wear Time

Your initial rental of a wearable defibrillator vest, an automatic external defibrillator with integrated electrocardiogram analysis garment type, is being approved for payment by the State of Illinois through the Prior Approval Unit of the Bureau of Professional and Ancillary Services (the Department). This approval is based on an order from your treating health care professional and on documentation of your medical need for the device. The device has been ordered because your treating health care professional has indicated you are at high risk for sudden death due to an irregular heart rhythm. You should wear the defibrillator vest at all times except when bathing or to change the garment. Any time you have removed your wearable defibrillator vest, another person should be nearby in case of an emergency.

This approval covers only the initial rental period. If additional months of rental are requested, the Department will require documentation that you wore the wearable defibrillator vest at least 90% of the time during the most recently approved previous rental period. The Department will determine the percentage of time you wore the wearable defibrillator vest during the most recently approved rental period through compliance downloads. This information can be tracked by the provider. Unless there are extenuating circumstances affecting wear time, such as hospitalization, chest wall trauma, or shingles on the chest wall documented by a health care professional, **failure to meet this 90% requirement will result in denial of a request for continued rental.** The provider will be required to submit bar graphs of your compliance to the Department showing daily wear time in hours and minutes with a cumulative total for each month, and your cooperation with obtaining that information is essential. **If compliance data are not provided to the Department, any request for continued rental will be denied.** If incomplete compliance data are submitted to the Department for any time periods, the Department will assume you did not wear the wearable defibrillator vest during the undocumented period.

Patient's Signature

Date

Printed Patient's Name

Providing Representative's Signature

Date

Patient's RIN