



For an instructional video on your monitor, please visit our Youtube channel at:
www.YouTube.com/FirstCallMedical or, scan the QR code below:

****Para un video de instruccion de su monitor, por favor visite nuestro canal en**



Thank you.



MONITOR RETURN INSTRUCTIONS

This monitor must be sent back to First-Call Medical *once test is complete.*

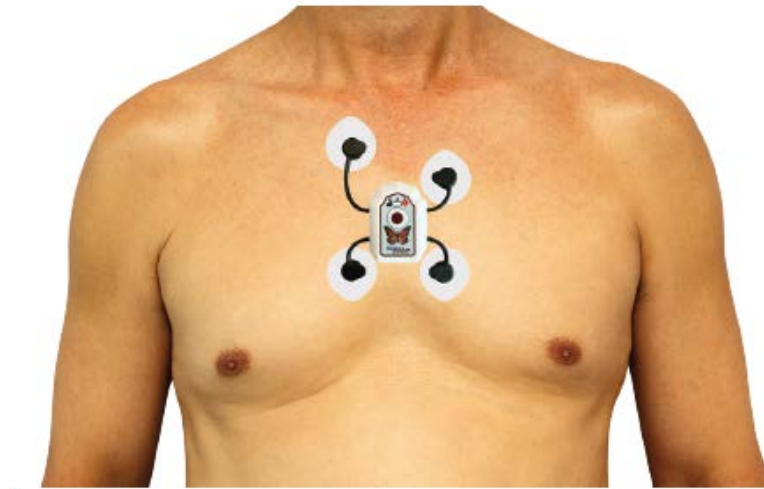
The monitor must be returned in the protective case using the enclosed U.S Postal Service supplies.

The U.S Postal Service bill has been pre-paid and pre-printed with First-Call Medical's address.

Seal the package and drop it in a mailbox.

**If you have questions, please call First-Call Medical.
1.800.274.5399**

Mini Patch Application Instructions



1. Snap 4 electrode patches onto the 4 lead wires and place the patch monitor on your chest according to the diagram. The monitor should be in the center of the chest, straddling the sternal groove. Please be sure to clean the skin prior to applying. It is also advised to shave your chest if you have hair in the region where the electrodes will be placed.
2. Press the **RED** button on the patch monitor for until you feel a slight buzzing sensation from the monitor.
3. To confirm that the monitor is recording after the setup, briefly press the **RED** button (less than 1 second). The heart icon will blink **GREEN** in groups of three.

Use the QR code below to view an application video





28 Andover St, Suite 200
Andover, MA 01810
800-274-5399
www.MyFirstCallMedical.com

Mini Patch Monitor Useful Tips for Patients

Caring for the Patch Monitor

- The monitor **MUST BE REMOVED** from your chest prior to plugging it in to charge!
- The battery will last up to 5 days on a fully charged monitor. The battery icon will blink amber when Patch Monitor must be charged. It will take 1 hour to fully charge the battery for the device.
- When the monitor is charging, the battery icon will flash green once per 3 seconds until it is fully charged. When fully charged, the battery icon will glow green continuously while the patch monitor is plugged in the charger.
- After the battery is charged, disconnect the monitor from the charger and reattach the ECG leads to the electrodes. The monitor will sense that the leads are reconnected, and monitoring will resume.

Changing Electrodes

- We recommend changing the electrodes daily to help prevent irritation.
- The patch only needs to be placed in the general region as shown on the stop sign diagram.

Troubleshooting

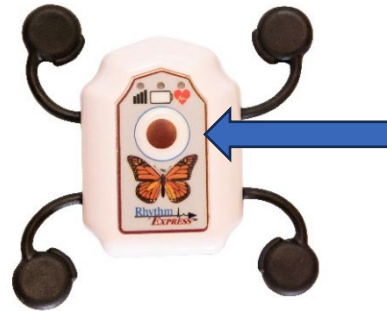
Alert	Possible Cause	Solution
Battery icon flashes AMBER	Battery is dead	Charge the monitor
No icons light up after tapping the RED button for 1-second	Battery is dead	Charge the monitor
Heart icon flashes AMBER every 10 seconds	An electrode is loose, or lead is unsnapped from an electrode	Check electrodes Reconnect monitor to the electrodes
All icons flash AMBER and monitor vibrates every second	Monitor is connected to charger while being worn	Disconnect monitor from electrodes
Any other issue		Call us! 800-274-5399

Our Receiving Center is open 24-hours a day, 365 days a year. For assistance, please call: 800-274-5399

FCM Patch Diary App



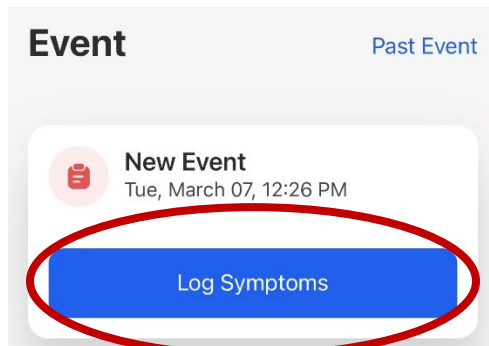
Scan the QR code to
download the app.



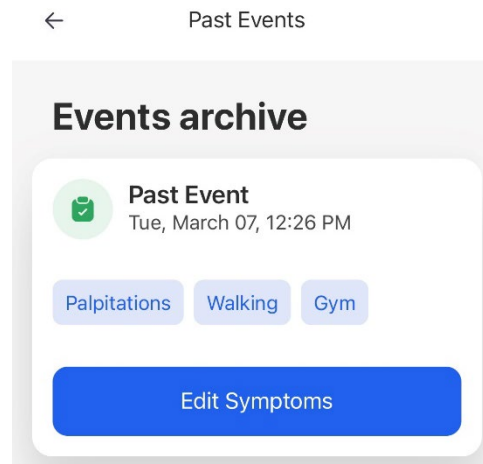
1. To record an event, press
the red button on the
monitor until it vibrates.



2. Allow 5 minutes for the
Event to be recorded and
open the Rhythm Access
app.



3. Click Log Symptoms.



4. Select symptom, activity,
and location.

All done!

We will include your
symptoms on the report for
the provider. For assistance,
please call 800-274-5399

NOTICE OF 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.

First-Call Medical is required by law to maintain the privacy of your protected health information (PHI) in accordance with federal and state law and provide individuals with this Notice of Privacy Practices (Notice) of our legal duties and privacy practices with respect to protected health information. This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or business operations and for other purposes that are permitted or required by law. "Protected health information" or "PHI" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical health or condition, treatment or payment for health care services. This Notice also describes certain rights you have with regard to your protected health information. If you have any questions about this Notice, please contact us at 800-274-5399 and ask to speak with our HIPAA Privacy Officer.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

Your protected health information may be used and disclosed without your written authorization by our health care providers, our staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to support our business operations, to obtain payment for your care, and for any other use or disclosure authorized or required by law.

TREATMENT:

We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a health care provider to whom you have been referred to ensure the necessary information is accessible to diagnose or treat you.

PAYMENT:

Your protected health information may be used to bill or obtain payment for your health care services. This may include disclosing your information to your health insurance plan so it can undertake certain activities before it approves or pays for your services, such as: making a determination of eligibility or coverage for insurance benefits and reviewing services provided to you for medical necessity.

HEALTH CARE OPERATIONS:

We may use or disclose your protected health information in order to support our business activities, which are called health care operations. These activities include, but are not limited to, improving quality of care, quality assessment activities, and conducting audits and compliance programs, including fraud, waste and abuse investigations. We may also disclose your health information to third party "business associates" that perform various services on our behalf, such as transcription, billing, and collection services. In these cases, we will enter into a written agreement with the business associates to ensure they protect the privacy of your protected health information.

OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION:

- **Family Members and Friends for Care and Payment and Notification.** If you verbally agree to the use or disclosure and in certain other situations, we may make the following uses and disclosures of your protected health information. We may disclose certain protected health information to your family, friends, and anyone else whom you identify as involved in your health care or who helps pay for your care; the protected health information we disclose would be limited to the information that is relevant to that person's involvement in your care or payment for your care. We may also make these disclosures after your death as authorized by applicable law unless doing so is inconsistent with any prior expressed preference. We may use or disclose your information to notify or assist in notifying a family member, personal representative, or any other person responsible for your care regarding your location, general condition, or death. We may also use or disclose your information to disaster-relief organizations so that your family or other persons responsible for your care can be notified about your condition, status, and location.

This Notice was originally published and effective on April 14, 2003 and last revised on August 4, 2017.

- **Required by Law.** We may disclose your protected health information when required by law to do so.
- **Public Health Reporting.** We may disclose your protected health information to public health agencies as authorized by law. For example, we may report certain communicable diseases to the state's public health department.
- **Reporting Victims of Abuse or Neglect.** We may disclose protected health information to the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence. We only make this disclosure if you agree or when we are required or authorized by law to make the disclosure.
- **Health Care Oversight.** We may disclose your protected health information to authorities and agencies for oversight activities allowed by law, including audits, investigations, inspections, licensure and disciplinary actions, or civil, administrative, and criminal proceedings, as necessary for oversight of the health care system, government programs, and civil rights laws.
- **Legal Proceedings.** We may disclose your protected health information in the course of certain administrative or judicial proceedings. For example, we may disclose your health information in response to a court order.
- **Law Enforcement.** We may disclose your protected health information to a law enforcement official for certain specific purposes, such as reporting certain types of injuries.
- **Deceased Persons.** We may disclose your protected health information to coroners, medical examiners, or funeral directors so that they can carry out their duties.
- **Organ and Tissue Donation.** We may use and disclose your protected health information to organizations that handle procurement, transplantation, or banking of organs, eyes, or tissues.
- **Research.** Under certain circumstances, we may disclose your protected health information to researchers who are conducting a specific research project. For certain research activities, an Institutional Review Board (IRB) or Privacy Board may approve uses and disclosures of your protected health information without your authorization.
- **To Avert a Serious Threat to Health or Safety.** If there is a serious threat to your health and safety or the health and safety of the public or another person, we may use and disclose your protected health information in a very limited manner to someone able to help lessen the threat.
- **Specialized Government Functions.** In certain circumstances, HIPAA authorizes us to use or disclose your information to authorized federal officials for the conduct of national security activities and other specialized government functions.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your information to the correctional institution or law enforcement official to assist them in providing you health care, protecting your health and safety or the health and safety of others, or providing for the safety of the correctional institution.
- **Workers' Compensation.** We may disclose your health information as necessary to comply with laws related to workers' compensation or other similar programs.

Please be aware that state and other federal laws may have additional requirements that we must follow or may be more restrictive than HIPAA on how we use and disclose certain of your protected health information. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION:

Other uses and disclosures not listed above will be made only with your authorization. Without your authorization, we will not use or disclose your protected health information for marketing purposes unless otherwise permitted by law. We may not sell your protected health information without your authorization. Your protected health information will not be used for fundraising. We usually do not maintain psychotherapy notes about you. If we do, we will not use and disclose your psychotherapy notes without your written authorization except as otherwise permitted by law. If you provide us with an authorization for certain uses and disclosures of your information, you may revoke this authorization, at any time, by notifying us in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION:

You have the right to inspect and receive a copy of your protected health information. We may charge you a fee as authorized by law to meet your request. You may request access to your protected health information in a certain electronic form and format, if readily producible, or, if not readily producible, in a mutually agreeable electronic form and format. We may deny your request to inspect and copy in certain limited circumstances.

You have the right to request a restriction on the use or disclosure of your protected health information for treatment, payment, or health care operations activities. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, except if the requested restriction is regarding a disclosure to a health plan for a payment or health care operations purpose not otherwise required by law, regarding a service that has been paid for in full out-of-pocket.

You have the right to request to receive confidential communications from us by alternative means or at an alternate location. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications. We will not ask you the reason for the request.

You have the right to request that we amend your projected health information by making a written request and providing a reason for the request. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to our statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures of your protected health information that we have made, paper or electronic, except for certain disclosures such as pursuant to an authorization, for purposes of treatment, payment, healthcare operations, and certain other purposes. Your request must state a time period which may not go back further than six years.

You have the right to obtain a paper copy of this Notice, upon request, even if you have previously agreed to receive this Notice electronically. A paper copy can be received from our website.

REVISIONS TO THIS NOTICE:

We will abide by the terms of this Notice. We reserve the right to revise this Notice and to make the revised Notice effective for protected health information we already have about you as well as any information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. You are entitled to a copy of the Notice currently in effect. If we change this Notice, you can access the revised Notice on our website.

BREACH OF HEALTH INFORMATION:

We will notify you if a reportable breach of your unsecured protected health information is discovered. Notification will be made to you no later than 60 days from when we discover the breach and will include a brief description of how the breach occurred, the protected health information involved, contact information for you to ask questions, along with certain other information.

COMPLAINTS:

You have the right to file a complaint if you believe your privacy rights have been violated. Complaints about this Notice or how we handle your protected health information should be directed to our HIPAA Privacy Officer. You may also submit a formal complaint to the Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By clicking on the button below, you acknowledge that you have received or been given an opportunity to receive First-Call Medical's Notice of Privacy Practices.

OR

By signing below, you acknowledge that you have received or been given an opportunity to receive First-Call Medical's Notice of Privacy Practices.

MUST COMPLETE ALL SECTIONS:

PRINT Patient Name:

Signature:

Date:
