LifeFone Emergency Care Plan Agreement

Complete and return this agreement within 48 hours after receipt of equipment.

Fax this form to: 1-800-747-2032 or email: profileupdates@lifefone.com

Return one copy of this agreement in the prepaid envelope. Call with questions 1-800-882-2280 x407. 1. SUBSCRIBER 2. PAYER (if different from subscriber) First Name: First Name: Last Name: Last Name: Street Address: Mailing Address: Apartment/Floor: State: Zip: City: State: Zip: Phone 1: Home Work Cell County/Township:) (**Nearest Cross Street:** Phone 2: Home Work Cell Home Phone: () () Alternate Phone: (Email: Email: Date of Birth: Gender:

Male Female Relationship to Subscriber: 3. HIDDEN KEY AND LOCK BOX **Hidden Key Location:** Lock Box Code: 4. PERSONAL RESPONDERS (List in priority order 1-4. Indicate phone type. Select text/email notification option.) **1.** Name: 2. Name: Keyholder: ☐ Yes ☐ No Relationship: Relationship: Keyholder: ☐ Yes ☐ No Send Email
Notifications Send Email
Notifications **Email Address: Email Address:** Indicate Phone Type, and Select to have TEXT notification of Emergency Dispatch sent to Cell Indicate Phone Type, and Select to have TEXT notification of Emergency Dispatch sent to Cell ☐ Home ☐ Work ☐ Cell ☐ Send Text Notifications ☐ Home ☐ Work ☐ Cell☐ Send Text Notifications Phone 1: (Phone 1: (☐ Home ☐ Work ☐ Cell ☐ Send Text Notifications ☐ Home ☐ Work ☐ Cell ☐ Send Text Notifications Phone 2: (Phone 2: (**3.** Name: **4.** Name: Keyholder: ☐ Yes ☐ No Relationship: Relationship: Keyholder: ☐ Yes ☐ No ☐ Send Email Notifications **Email Address: Email Address:** Indicate Phone Type, and Select to have TEXT notification of Emergency Dispatch sent to Cell Indicate Phone Type, and Select to have TEXT notification of Emergency Dispatch sent to Cell ☐ Home ☐ Work ☐ Cell ☐ Send Text Notifications ☐ Home ☐ Work ☐ Cell☐ Send Text Notifications Phone 1: (Phone 1: (☐ Home ☐ Work ☐ Cell ☐ Send Text Notifications ☐ Home ☐ Work ☐ Cell ☐ Send Text Notifications Phone 2: (Phone 2: (5. MEDICAL AND PERSONAL INFORMATION (Vehicle info needed for "On-the-Go" GPS Systems) Check all that apply: ☐ Walker ☐ Cane ☐ Wheelchair ☐ Scooter Is Subscriber Ambulatory? ☐ Yes ☐ No Medical Conditions/Physical Limitations: Allergies: **Preferred Hospital: Hospital City and State:**) Medications: Hospital Phone Number: (**Primary Care Physician Name:**) Physician Phone Number: (Height: Weight: Hair Color: Ethnicity: Preferred Language: VEHICLE INFO: Make: Model: Color: Plate#: 6. SPECIAL INSTRUCTIONS 7. ACCEPT AGREEMENT YOU, THE SUBSCRIBER, MAY CANCEL THIS TRANSACTION WITH OR WITHOUT CAUSE AT ANY TIME PRIOR TO MIDNIGHT OF THE SEVENTH BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. ON AND AFTER MIDNIGHT OF SUCH SEVENTH DAY, YOU, THE SUBSCRIBER, MAY CANCEL YOUR AGREEMENT WITH LIFEFONE FOR YOU TO RECEIVE PERSONAL EMERGENCY RESPONSE SERVICE FOR ANY REASON UPON 30 DAYS AFTER YOUR NOTIFYING LIFEFONE IN WRITING OF YOUR CANCELLING SUCH AGREEMENT. SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THESE RIGHTS. Subscriber Signature Date **Paver Signature** Date THIS SECTION FOR OFFICE USE ONLY FOR PUBLIC SAFETY RESPONDERS: Use local phone number below — do not enter 911 Police: Fire: (Ambulance: Unit ID: Operator: **Entered:** Rep: Account #:

TERMS AND CONDITIONS

- 1. PARTIES: The person identified as Subscriber and the person identified as Payer (collectively, 'you' or 'Subscriber') hereby contract with MSS Electronics, inc. drba LifeFone (Company') for the LifeFone Personal Emergency Response Service ("Service") in commencion with the LifeFone personal emergency response system as further described herein ("Company") for the LifeFone Personal Emergency Response Service ("Service") in commencion with the LifeFone personal emergency response system as further described herein ("Company") for the LifeFone Personal Emergency ("Response") in Company ("Response ("Response

- service provided via the internet, broadband, VoIP, or any other non-traditional telephone service presents additional risks for non-transmission of signals from the System and the System any not operate as intended.

 6. CONSENT TO DISTRIBUTION OF INFORMATION: Subscriber is providing Company with certain medical information for the purpose of providing the Service. Subscriber agrees that Company, the Response Center, Responders and any necessary third parties, as determined by us in our reasonable discretion, all may receive access to such medical information along with any information contained in this Agreement or otherwise provided by Subscriber to Company, Subscriber releases Company and Response Center from all liability, which may arise out of their disclosure of such information to Company, Response Center, Responders or any other necessary third parties. You acknowledge that all communications between you, Company and/or Response Center may be recorded, and you consent to such recording. Further, you, for yourself and as the authorized agent of any third party who is at any time on the premises, hereby consent to Company and/or Response Center recording, retrieving, reviewing, copying, disclosing and using the contents of all telephone, video, wire, oral, electronic and other forms of transmission or communication that come into the possession of Company and/or Response Center in the normal performance of its duties under this Agreement or as required by court order or legal process.

 7. PRIVACY PRACTICES: You acknowledge and agree you have received a Notice of Privacy Practices as required under Standards for Privacy of Individually Identifiable Health Information; final Rule (45 CFR Parts 160 and 164). You consent to the use and disclosure of protected health and other information about you as provided both in this Agreement and created in the course of providing the service as follows: (a) Treatment Company and the Response Center use and disclose this information to third party health care provide

- 9. FORCED ENTRY and INACTIVITY ÁLARMS: Subscriber agrees that if ANY ALARM SIGNAL is received by Company and/or the Response conter and a Responder is sent to Subscriber's premises and subscriber cannot to the repenses and Responder does not have a key THE SUBSCRIBER AUTHORIZES RESPONDER TO BREAK INTO SUBSCRIBER'S PREMISES. SUBSCRIBER WAIVES ANY CLAIM AGAINST COMPANY, RESPONDER, WHICH MAY ARISES AS RESULT OF FORCED ENTRY NOT THE PREMISES. SUBSCRIBER WAIVES ANY CLAIM FOR DAMAGE RESULTING FROM FORCED ENTRY AFTER AN INACTIVITY ALARM OR FALL DETECTION ALARM EVEN IF SUBSCRIBER IS SIMPLY NOT AT THE PREMISES. ALIGN AND ALIGN
- RIGHT TO OPT OUT OF THIS AGREEMENT TO ARBITRATE BY PROVIDING WRITTEN NOTICE OF ITS INTENTION TO DO SO TO COMPANY WITHIN SO TO SO TO COMPANY WITHIN