



Self-Measuring Blood Pressure Initiative Disclosure to Patients

The Medical Society of Virginia Foundation in partnership with the Virginia Department of Health is providing your primary care provider with a self-measuring blood pressure monitor for patient use at home. This device is being **provided at no cost to you** as part of an initiative to track the effectiveness of self-measuring blood pressure to help patients achieve and maintain blood pressure goals.

In exchange, patients are asked to follow the steps the provider communicates to measure, track and participate in ongoing blood pressure management. Average readings and demographic information **by de-identified patient** will be shared during the study to determine the effectiveness of providing self-measurement devices to patients in blood pressure management.

All equipment is the property of the practice. If you leave the practice or determine you are no longer interested in participating, equipment should be returned.

I agree:

- To follow the blood pressure monitoring at home steps and at the requested intervals. The practice has provided these to me.
- To document my blood pressure readings and provide them to my primary care provider.
- To inform my primary care provider if I can no longer participate in this program and return the loaned equipment.

I understand:

- There are community resources and programs specific to hypertension that are available to me. I can find out more about these resources from my primary care physician.
- There will be no change in the services I have been receiving if I choose to no longer participate in this program.

Consent:

I agree to participate in the Virginia Department of Health and Medical Society of Virginia Self-Measuring Blood Pressure Initiative.

Signature of Participant: _____ Date: _____

Signature of Witness/Interpreter: _____ Date: _____
(if applicable)