TELE-N-CEPHALON
Re-Inventing Health Care Delivery

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AMBULATORY EEG CONSENT AND EQUIPMENT RESPONSIBILITY AGREEMENT

This document is intended to comply with applicable Canadian laws and standards of informed consent.

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1. Patient Information

Patient Name: _____
Date of Birth: _____
Health Card Number: _____
Address: _____

If patient is a minor or incapable of consent:

Name of Parent / Legal Guardian / Substitute Decision-Maker:
_____
Relationship to Patient: _____

2. Consent to Ambulatory EEG

I, _____, hereby voluntarily consent to undergo **Ambulatory Electroencephalogram (EEG) testing**.

I understand that ambulatory EEG is a **non-invasive diagnostic procedure** that records the brain's electrical activity over an extended period, typically **24 hours or longer**, while I continue my normal daily activities.

I understand that:

- Electrodes will be attached to my scalp using conductive paste or gel.
- These electrodes will be connected to a portable recording device.
- The procedure is **painless** and does **not involve needles or penetration of the skin**.

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3. Risks and Discomforts

I have been informed that ambulatory EEG is generally safe, with **minimal risks**, which may include:

- **Skin irritation or redness** at electrode sites
- **Allergic reaction** to electrode paste or gel (rare)
- **Minor skin breakdown** if electrodes are scratched, picked at, or if hygiene instructions are not followed
- **Headache or scalp discomfort**, which may occur due to the use of a compression bandage

I understand that the risk of infection is **very low**, as the electrodes do not penetrate the skin.

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4. Patient Responsibilities During Testing

I agree to:

- Follow all instructions provided regarding electrode care and device handling
- Avoid scratching, picking, or disturbing the electrodes
- Maintain reasonable hygiene during the monitoring period
- Notify the healthcare provider if I experience significant skin irritation, pain, redness, or discomfort

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5. Withdrawal of Consent

I understand that I may **withdraw my consent at any time** before starting the procedure. I understand that once the EEG equipment is connected and I carry it with me, consent can not be reversed until the equipment is returned. I acknowledge that early termination of the study may affect the quality or usefulness of the recorded data.

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6. Equipment Return, Drop-Off, and Tracking Obligations

6.1 Equipment Tracking and Monitoring

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I acknowledge and agree that the ambulatory EEG equipment provided to me is equipped with **tracking, monitoring, or identification technology**, including but not limited to **GPS, cellular, Bluetooth, RFID, or similar location-tracking mechanisms**, for the sole purposes of:

- Locating, recovering, or securing the equipment
- Preventing loss, theft, or misuse
- Ensuring timely return of the equipment

I understand that such tracking is **limited to the equipment itself** and is **not intended to monitor or track the patient's medical condition, activities, or personal behaviour**.

I consent to the collection, use, and disclosure of **equipment location data only**, as reasonably necessary for asset protection and recovery, in accordance with applicable **Canadian privacy laws**, including the *Personal Information Protection and Electronic Documents Act (PIPEDA)* and applicable provincial privacy legislation.

I acknowledge that the ambulatory EEG recording device, electrodes, and accessories remain the **property of the service provider**.

I agree to:

- Arrange for **prompt drop-off of the device** immediately upon completion of the study or removal of the electrodes
- Return the equipment to the **designated location** as instructed

I understand that **delay in returning the equipment** may result in **loss of recorded data** and disruption of clinical services.

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7. Failure to Return Equipment / Financial Responsibility

By signing this document, the patient, parent, legal guardian, relative, or caregiver **accepts responsibility** for the safe and timely return of the equipment.

I acknowledge and agree that:

- Failure to return the equipment within a **reasonable time period (not exceeding 24 hours)** after completion of the test may result in the application of a **lien or charge**

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- The lien or charge may be in the amount of **CAD $45,000**, representing the replacement value of the equipment, **plus any applicable recovery, administrative, or legal expenses**, to the extent permitted by Canadian law.

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8. Acknowledgement of Administrative Requirements

I understand that:

- **Failure to sign and submit this document** on or before the day of the procedure may result in **cancellation of the test**
- The healthcare provider may decline to proceed with the ambulatory EEG if this consent is not received in advance

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9. Acknowledgement and Signature

I confirm that:

- I have read and understood this document
- I have had the opportunity to ask questions
- My questions have been answered to my satisfaction
- I am signing this consent freely and voluntarily

Patient / Parent / Legal Guardian / Caregiver Name (Print):

Signature: _____
Date: _____

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10. Witness

Witness Name (Print): _____
Signature: _____
Date: _____

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This document is governed by the laws of the Province or Territory in which the procedure is performed and the applicable federal laws of Canada.