Informed Consent

NCT05708846

5th May 2023

Participant Consent:

I, _____

- I have read the information sheet that has been given to me about the "*Observational study for the improvement of a digital health platform for remote monitoring of patients with heart failure*", with code "FOLLOWHEALTH-2023-01, and promoter Followhealth S.L., the "study" from now on:

- I am aware that the data collected will be used solely for the purposes of the "study" and that the minimum data necessary to achieve its objectives will be collected.
- I have been clearly informed of the objectives of the "study" for which the data is collected. I have also been informed of who the responsible team is and I have been given contact information with the medical team in case of doubts about the information collected and/or to request access to my data.
- I know that the data will be stored on a secure server.
- I agree to participate voluntarily. I have had the opportunity to ask the questions that seemed appropriate to me, I understand the risks and benefits that arise from the study and that my participation in it is voluntary and that I can withdraw from it at any time.
- I understand that the "study" information will be confidential and that no unauthorized person will have access to the data.
- I have spoken with: _____ , from _____
- I know how to contact the doctor if I need to.
- I have received enough information about the study".
- I understand that I can withdraw from the "study":
    - Whenever I want.
    - Without having to explain.
    - Without this affecting my medical care.
- In accordance with the provisions of Regulation EU 2016/679 of the European Parliament and of the Council of April 26, 2016 regarding the protection of natural persons in terms of the processing of personal data and the free movement of data, I declare that I have been informed of the existence of the processing of personal data, the purpose of collecting them and the recipients of the information in accordance with the provisions of arts. 5, 6, 7, 12 and/or 13 of Regulation (EU) 2016/679 of the European Parliament and of the Council, of April 27, 2016 (RGPD) as well as in art. 11 of Organic Law 3/2018, of December 5, Protection of Personal Data and guarantee of digital rights (LOPD).
- I freely give my consent to participate in the study.

Signature of the participant Physician Signature

Date: ____/____/____ Date: ____/____/____

Revocation of consent:

The undersigned patient revokes the consent granted to doctor Dr. _____ for his participation in the "*Observational study for the improvement of a digital health platform for the remote monitoring of patients with heart failure*".

Signature of the participant

Physician Signature

Date: ____/____/____

Date: ____/____/____