**Loaner Agreement for Electronic Directly Observed Therapy (e-DOT) Device**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Device (Phone/Tablet/Computer) Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Device Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Device Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expected Date of Return: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**I agree with the below:**

1. The device I received is for electronic directly observed therapy (e-DOT). The device and its accessories are property of the health department. I agree to return it to the health department by the date above.
2. If the device or its accessories are lost or damaged, I may be responsible for the cost of repair or replacement.
	1. **I will:**
	2. Protect the device from extreme temperatures.
	3. Use the protective case when carried.
	4. Never leave the device in an unsafe place or visible in a vehicle.
	5. Not share passwords.

**I will not:**

Loan the device to others.

Share passwords.

Leave the device in an unsafe place or visible in a vehicle.

1. Send or receive pornographic, sexually explicit, violent, or threatening texts or emails.
2. Visit websites that are illegal.
3. Send or receive material that violate any law. This includes, but is not limited to, confidential information, copyrighted material and online piracy.

Patient / Legal Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Health Department Staff

Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_