

Electronic Monitoring Documentation

Section I: Notice to Facility

Section I and II may be completed and signed only by the resident wanting to place and use an authorized electronic monitoring device in the resident room, or the person authorized to act as the resident's agent through a power of attorney for health care document (must be in effect according to the terms of the document), or the resident's guardian.

Name of Resident: _____ Room Number: _____

Name of Resident Representative (if resident doesn't have capacity to consent):

Check One: Power of Attorney for Health Care _____ OR Guardian _____

Contact Number of Resident Representative: _____

This serves as notice to _____
Name and location of facility

that I have chosen to place and use an authorized electronic monitoring device in the resident room indicated above in accordance with ND Century Code 50-10.2.

Section II: Consent by Resident

The monitoring device is a just a video monitoring device. (circle one) Yes No

The monitoring device is just an audio recording device. (circle one) Yes No

The monitoring device records both video and audio. (circle one) Yes No

Please initial each statement below to indicate you have read and understand its contents.

_____ I hereby understand and agree to the following requirements from ND Century Code 50-10.2 for an authorized electronic monitoring device.

The authorized electronic monitoring device shall be in a fixed, stationary position;

The authorized electronic monitoring device shall monitor only the area occupied by the resident requesting the monitoring and not the area occupied by the roommate;

The authorized electronic monitoring device will be placed for maximum protection of the privacy and dignity of the resident and the roommate.

____ I understand that if I have a roommate and my roommate does not consent to authorized electronic monitoring, I may not place or use an authorized monitoring device. I understand that if my roommate limits the use of the authorized electronic monitoring device, I must comply with the limits.

____ I understand I must disable the authorized electronic monitoring device if my roommate withdraws consent in compliance with the facility's standards and regulations after receipt of the written withdrawal.

____ I understand if there is audio recording used it will likely record conversations with staff, other health care providers, family and friends, and other parties in the facility. This may mean private information about finances, family relationships, and protected health information may be recorded.

____ I hereby release the facility from liability for violations of my right to privacy regarding the use of the authorized electronic monitoring device, and I hereby waive my right to privacy in connection to the use of the authorized electronic monitoring device.

____ I understand I must submit and follow an installation plan that complies with the facility's standards and regulations.

____ I understand I am responsible for all costs, except for electricity, associated with the authorized electronic monitoring device.

____ I understand I am responsible to contract with an Internet provider, if that is needed as part of the authorized electronic monitoring and must comply with facility policy.

____ I understand that facility staff may not access any video or audio recording created through the authorized electronic monitoring device without my written consent or the written consent of my resident representative

____ I understand I may not use or disclose a tape or other recording made by the authorized electronic monitoring device if there would be any unlawful violation of the privacy rights of another.

____ I understand I can revoke this decision to place and use an authorized electronic monitoring device at any time during my stay in the facility by submitting a written notice.

A person may be subject to a Class B misdemeanor if they:

- Intentionally hamper, obstruct, tamper with or destroy a recording or an authorized electronic monitoring device placed in a resident's room without the express written consent of the resident or resident representative.

A person may be guilty of a crime or civilly liable if they:

- Unlawfully violate the privacy rights of another by placing an electronic monitoring device in the room of a resident or by using or disclosing a tape or other recording made by the device.

I hereby consent to the placement and use of an electronic monitoring device in my room in accordance with ND Century Code 50-10.2.

(This may be signed only by the resident or the resident representative.)

Resident Signature

Date

OR

Resident Representative Signature

Date

Does the resident have a roommate? Yes _____ No _____

If the resident has a roommate, **Section III must be completed and signed before an authorized electronic monitoring device can be placed and used in the resident's room.** If a new roommate has moved into the room the authorized electronic monitoring device cannot be used until Section III is completed and signed by the new roommate.

Section III: Consent by Roommate

I, _____, live in the same
Roommate Name
room as _____, room
resident
number _____ at _____
(name and location of facility)

I understand that _____ wants to place
resident
and use an authorized electronic monitoring device in the room.

I do not consent to the placement and use of an authorized electronic monitoring device in the room.

Signature of Roommate or Resident Representative Date

***If you have chosen to not consent to the placement and use of an authorized electronic monitoring device, return this to the resident named on page 1. You do not need to complete the remainder of the form.**

Complete the remainder of Section III if you are choosing to consent to the placement and use of an electronic monitoring device.

I require the following **limits** on the use of the authorized electronic monitoring device.

____ Audio recording only.

____ Video recording only.

____ Limit the use of the authorized electronic monitoring device to the following times: _____

____ Limit the direction and focus of the authorized electronic monitoring device to the following conditions: _____

_____.

Please initial each statement below to indicate you have read and understand its contents.

_____ I hereby understand and agree to the following requirements from NDCC 50-10.2- for an authorized electronic monitoring device.

The authorized electronic monitoring device shall be in a fixed, stationary position;

The authorized electronic monitoring device shall monitor only the area occupied by the resident requesting the monitoring and not the area occupied by the roommate;

The authorized electronic monitoring device will be placed for maximum protection of the privacy and dignity of the resident and the roommate.

_____ I understand if there is audio recording used it will likely record conversations with staff, other health care providers, family and friends, and other parties in the facility. This may mean private information about finances, family relationships, and protected health information may be recorded.

_____ I must sign an authorization for the disclosure of protected health information prior to placement and use of the monitoring device.

_____ I hereby release the nursing home from liability for violations of my right to privacy regarding the use of the authorized electronic monitoring device, and I hereby waive my right to privacy in connection to the use of the authorized electronic monitoring device

_____ I understand that facility staff may not access any video or audio recording created through the authorized electronic monitoring device without the written consent of the resident who requested the use of the authorized monitoring device, or the written consent of the resident representative, or a court order.

_____ I understand that any limits I have listed above must be fully complied with.

_____ I understand a tape or other recording made by the authorized electronic monitoring device may not be used or disclosed if there would be any unlawful violation of the privacy rights of another.

_____ I understand I may revoke my consent for the placement and use of an authorized electronic monitoring device at any time by giving a written notice. Revocation of my consent means the authorized electronic monitoring device will be disabled in compliance with the facility's standards and regulations and I will be given written assurance by the resident, or resident representative, that the device has been disabled.

A person may be subject to a Class B misdemeanor if they:

- Intentionally hamper, obstruct, tamper with or destroy a recording or an authorized electronic monitoring device placed in a resident's room without the express written consent of the resident or resident representative.

A person may be guilty of a crime or civilly liable if they:

- Unlawfully violate the privacy rights of another by placing an electronic monitoring device in the room of a resident or by using or disclosing a tape or other recording made by the device.

I hereby consent to the placement and use of an authorized electronic monitoring device in compliance with NDCC 50-10.2 and with any limits listed above.

Resident Signature

Date

OR

Resident Representative Signature

Date

For Facility Use:

Date Written notice received: _____

Date Resident written consent received: _____

Date Installation plan received: _____

Date Roommate's written consent received (if applicable): _____

Signature and Title – Facility Representative

Date

**Section IV: Revocation of Consent for the Placement and Use of an
Authorized Electronic Monitoring Device**

I, _____,
(name of resident or resident representative)

OR

I, _____
(name of roommate or resident representative)

hereby revoke my consent for an authorized electronic monitoring device to be placed and used in the room. The authorized electronic monitoring device must be disabled in compliance with the facility's standards and regulations upon receipt of this written revocation notice of the consent.

For Facility Use:

Date Revocation of Consent received: _____

Signature and Title of Facility Representative

Date