## **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:	Roon	n Num	ber:	
Name of Resident Representative (if resident doesn't have	e capacity to	conse	nt):	
Check One: Power of Attorney for Health Care	 OR Guard	nait		
Contact Number of Resident Representative:				_
This serves as notice toName and location	of facility			
that I have chosen to place and use an authorized electror		g devi	ce in the	ļ.
resident room indicated above in accordance with ND Cen		•		
Section II: Consent by Resident				
The monitoring device is a just a <u>video</u> monitoring device.	(circle one)	Yes	No	
The monitoring device is just an <u>audio</u> 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 recontents.	ead and unde	erstand	d its	
I hereby understand and agree to the following requ Code 50-10.2 for an authorized electronic monitoring		n ND	Century	
The authorized electronic monitoring device shall be position;	e in a fixed, s	station	ary	
The authorized electronic monitoring device shall monitoring and not the roommate;	•		•	ed
The authorized electronic monitoring device will be protection of the privacy and dignity of the resident				

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.

(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			

I hereby consent to the placement and use of an electronic monitoring device in my

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.

Roommate Name  resident  umber at		
resident  umber at		, live in the same
(name and location of facility)  understand that	Noominate Name	
(name and location of facility)  understand that	oom as	, room
understand that	resident	
resident  I do not consent to the placement and use of an authorized electronic monitoring devite room.  Signature of Roommate or Resident Representative  Tif you have chosen to not consent to the placement and use of an authorized electronic monitoring device electronic monitoring device, return this to the resident named on page 1. You cannot need to complete the remainder of the form.  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 cannot need to complete the remainder of the form.  Date  If you have chosen to not consent to the placement and use of an authorized electronic monitoring device and the remainder of the form.  Date  The placement and use of an authorized electronic monitoring device.  Audio 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	umber at	
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Please content	initial each statement below to indicate you have read and understand its s.
	hereby understand and agree to the following requirements from NDCC 50-10.2- authorized electronic monitoring device.
1	The authorized electronic monitoring device shall be in a fixed, stationary position;
ŀ	The authorized electronic monitoring device shall monitor only the area occupied by the resident requesting the monitoring and not the area occupied by the commate;
-	The authorized electronic monitoring device will be placed for maximum protection of the privacy and dignity of the resident and the roommate.
with sta facility.	understand if there is audio recording used it will likely record conversations aff, other health care providers, family and friends, and other parties in the This may mean private information about finances, family relationships, and ed health information may be recorded.
	must sign an authorization for the disclosure of protected health information placement and use of the monitoring device.
regardi	hereby release the nursing home from liability for violations of my right to privacy ing the use of the authorized electronic monitoring device, and I hereby waive my privacy in connection to the use of the authorized electronic monitoring device
through residen	inderstand that facility staff may not access any video or audio recording created the authorized electronic monitoring device without the written consent of the t who requested the use of the authorized monitoring device, or the written t of the resident representative, or a court order.
1	understand that any limits I have listed above must be fully complied with.
monito	inderstand a tape or other recording made by the authorized electronic ring device may not be used or disclosed if there would be any unlawful violation rivacy rights of another.
authori: Revoca disable	understand I may revoke my consent for the placement and use of an zed electronic monitoring device at any time by giving a written notice. Ition of my consent means the authorized electronic monitoring device will be d in compliance with the facility's standards and regulations and I will be given assurance by the resident, or resident representative, that the device has been d.

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.

Resident Signature	Date
OR	
Resident Representative Signature	Date
For Fooility Lloo	
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	

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.

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