

Resident Virtual Monitoring Technology Consent Form and Instructions

Introduction

As a nursing facility resident, you have a choice about whether or not to use a virtual monitoring technology device in your room.

If you wish to use a *virtual monitoring* technology device in your room, you must complete and sign this Resident Virtual Monitoring Technology Consent Form (“Resident Consent Form”).

If you **do not** wish to use a virtual monitoring technology device in your room **do not complete** or sign this Resident Consent Form.

Before using a virtual monitoring technology device in your room, you must:

- Complete and sign this Resident Consent Form.
- If you have a roommate, have him/her provide written consent using the Roommate Consent Form; and
- Give the form(s) to the facility not less than seven (7) days **before** installing or using any technology for virtual monitoring in your room.

If your roommate withdraws consent for the use of technology for virtual monitoring, you must inform the nursing facility, in writing, not later than seven (7) days after the roommate withdraws consent.

Consent Form(s)

There are two different virtual monitoring technology device consent forms. The requirements and instructions are different for each form. Make sure to choose the form(s) that fit(s) your situation.

For example, if you are a resident and you have a roommate, you should complete the Resident Consent Form and your roommate should complete a Roommate Consent Form. If you do not have a roommate, only the Resident Consent Form is needed.

Resident Electronic Technology Device Consent forms and Instructions

If you have questions, you can contact the Office of Ombudsman for Long-Term Care at: 1-866-388-1888 or Email: ltcop@ct.gov

Instructions for completing the form(s):

Identification

- Provide detailed information regarding the type of technology
 - Print the make or brand name of the virtual monitoring device.
 - Mark each box on the form that describes the virtual monitoring device’s capability.
- If you mark “Device records” or “Device broadcasts/streams,” print the names and relationships of all people who will have access to the recording or streaming, for example:
 - Name, relationship to the resident

Residents Electronic Technology Device Use Consent Forms and Instructions

- Review the list of conditions and mark the box before each condition you want.

- If you choose “Turn off the device for the duration of a visit,” mark a box for each type of visitor for whom you want the device turned off. If you choose “Other visitor(s),” print specific titles or names. You may want to say “All visitors” or mark the “All visitors” box.
- You may choose other conditions or restrictions not specifically listed.
 - If you have conditions or restrictions not on the list, mark the box “Any other condition or restriction on the use of an electronic technology device usage.”
 - Describe the condition or restriction on the line(s).

Understanding

This section has important statements. Read them carefully. If you understand each of the statements, continue to the signature section.

If you are not sure what a statement means, do not sign the form yet. Ask someone to explain the statement to you first.

When you understand what it means, go to the signature section.

Signature

- Sign your name and date the form.
- Give the completed consent form(s) you, your representative, your roommate and/or your roommate's representative signed to your facility.
- Resident Representative means (a) a court-appointed conservator of the person or guardian; (b) a health care representative appointed pursuant to 19a-575 of the general statutes; (c) if no conservator or health care representative, a person who is (i) designated in a written document signed by the resident and included in the resident's records on file with the facility, or (ii) if there is no such written document, a person who is a legally liable relative or other responsible party, provided such person is not an employer or contractor of the facility.
- You may begin installing or using the virtual monitoring technology device of your choosing seven (7) days **after** you have given all the completed forms to the facility.

Withdrawing Consent for use of Electronic Technology Device

**Only fill out this section if you give consent and later want to withdraw your consent for electronic technology device **

- After you fill out a consent form and give it to your facility, you can take away your consent at any time.
- To remove your consent, ask your facility to give you back the form.
- Sign your name and enter the date in the section for withdrawing consent.
- Give the form back to the facility.

INSTRUCTIONS END HERE.

FORM(S) SHOULD BE COMPLETED ON the FOLLOWING PAGE.

Resident Virtual Monitoring Technology Device Consent Form

Resident: _____

Facility: _____

Room Number: _____

Electronic Technology Device Information

Make/Brand: _____

Characteristics of Device: (check all that apply)

- Device is capable of capturing video
- Device is capable of capturing audio
- Device is capable of recording audio
- Device is capable of recording video
- Device broadcasts/streams
- Device is capable of being activated remotely

If the device records or streams, who will have access? List the name(s)/relationships of those who will have access:

Identify the intended use of the virtual monitoring technology:

Identify the intended hours of operation of the of the virtual monitoring technology:

Identify the location of the virtual monitoring technology in the nursing facility room:

Understanding

I acknowledge and understand that:

- As the resident, I am responsible for the purchase, activation, installation, maintenance, repair, operation, deactivation and removal of the virtual monitoring technology device that I place in my room.
- I may only begin to install or use a virtual monitoring technology device seven (7) days after I complete this Resident Consent Form and the Roommate Consent Form if applicable and submit the form(s) to the facility.
- I can request to stop electronic remove the virtual monitoring technology device in my room at any time.
- No person may access any video or audio recording created through my virtual monitoring technology device without my written consent.
- The facility is immune from any civil, criminal or administrative liability for any (1) violation of privacy rights of any individual under state or federal law caused by my use of technology; (2) damage to my technology, including, but not limited to malfunction not caused by the negligence of the nursing home facility; and (3) instance when audio or video produced by my technology is inadvertently or intentionally disclosed to, intercepted or used by an unauthorized third party.

Signature

By signing my name below:

I consent to place and use a virtual monitoring technology device that records or allows video or audio access in my room or living unit.

Signature of Resident: _____ Date: _____

If a Representative is signing on behalf of the Resident: _____

Name of Representative: _____

Signature of Representative: _____

Relationship to Resident: _____

Date: _____

***For the purposes of this Resident Consent Form, a Representative means (A) a court-appointed conservator of the person or guardian, (B) a health care representative appointed law, or (C) if there is no court-appointed conservator of the person or guardian, or health care representative, a person who is (i) designated in a written document signed by the resident and included in the resident's records on file with the facility, or (ii) if there is no such written document, a person who is a legally liable relative or other responsible party, provided such person is not an employer or contractor of the facility.**

Withdrawing Consent for Electronic Technology

After my signature, on the date above, I gave consent to use a virtual monitoring technology in my room or living unit. On the date on the line below, I am withdrawing my consent to use a virtual monitoring technology in my room or living unit.

Signature of Resident: _____ Date: _____

If a Representative is signing on behalf of the Resident:

Name of Representative: _____

Signature of Representative: _____

Relationship to Resident: _____

Date: _____