

**Roommate Virtual Monitoring Technology Consent Form**

Name of Resident Roommate: \_\_\_\_\_

Resident asking for consent to use electronic technology device: \_\_\_\_\_

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 facility room:

\_\_\_\_\_  
\_\_\_\_\_

**Understanding**

I understand that:

- My roommate is requesting to place the electronic monitoring device described above in our room. I am not required to consent to this request.
- My roommate may only begin using the electronic technology device 7 days after submitting a notice and this consent to the facility (NOTE: See exceptions on the following page).
- I can request that my roommate to stop using the electronic monitoring device that records or allows video or audio access from outside of the room at any time and my roommate is required to discontinue using it immediately upon my request and notify the facility within 7 days.
- I understand that my roommate is responsible for responsible for the purchase, activation, installation, maintenance, repair, operation, deactivation, and removal of the technology.
- The electronic technology device may not be used in a manner which violates any individual’s right to privacy under state or federal law.
- Clear and conspicuous notice must be placed on the door to my room indicating that technology enabling virtual monitoring may be in use.
- I can add or remove conditions or restrictions at any time. I understand that the facility is not responsible for ensuring that my roommate complies with any conditions or restrictions and that this will be the responsibility of my roommate and/or his or her representative.
- 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 Roommate: \_\_\_\_\_ Date: \_\_\_\_\_

If a Representative is signing on behalf of the Resident:

Name of Roommate Representative:

\_\_\_\_\_

Signature of Representative: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

Date: \_\_\_\_\_