

# Roommate Electronic Monitoring Consent

## FORMS AND INSTRUCTIONS

### Important Information

You have a choice about whether or not to use electronic monitoring. If you do not wish to conduct electronic monitoring, do not sign this form.

Minnesota law allows electronic monitoring in certain types of facilities. Before placing an electronic monitoring device, a resident or their representative **must**:

- Give written consent on the resident consent form.
- If they have a roommate, get written consent, on the roommate or the roommate representative consent form; and
- Give the form(s) to the facility unless using the 14-day exception (See page 3 for more information).

### Choose Correct Consent Form

There are options for who can complete an electronic monitoring consent form. The requirements and instructions are different for each form. Make sure to choose the form(s) that fit your situation. For example, if you are a resident and you have a roommate, you complete the resident consent form and your roommate completes a roommate consent form.

The four forms are:

- **Resident** Consent Form: used when a resident is consenting for themselves.
- **Resident Representative** Consent Form: used when a resident has a designated representative. **Note: a representative consents under limited circumstances that include the resident's lack of capacity.**
- **Roommate** Consent Form: used when the resident shares a room or living unit with another person and the roommate is consenting for themselves.
- **Roommate Representative** Consent Form: used when the roommate has a designated representative. **Note: a representative consents under limited circumstances that include the roommate's lack of capacity.**

## Questions

If you have questions, you can use any of the resources below:

- A staff member at your facility
- The Office of Ombudsman for Long-Term Care
  - Phone: 651-431-2555 or 1-800-657-3591
  - Email: [e.monitoring.ooltc@state.mn.us](mailto:e.monitoring.ooltc@state.mn.us)
- The Minnesota Department of Health
  - Phone: 651-201-4101
  - Email: [health.fpc-web@health.state.mn.us](mailto:health.fpc-web@health.state.mn.us)
- Minnesota Statute [144.6502](#)

## Instructions for completing the form(s):

### Identification

- Print identifying information.

### Device

- Print the make or brand name of the device.
- Enter the model number.
- Mark each box that describes something your device does.
- 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:
  - Mary Bunyan, daughter
  - John Minnesota, friend

### Conditions and Restrictions

Carefully consider if you want conditions or restrictions about when or how to use the device.

- If you want an electronic monitoring device and do not want any conditions or restrictions on when or how it is used, mark the box stating: “I choose electronic monitoring with no conditions or restrictions.”
- If you choose to have conditions and restrictions about when or how to use the device, mark the box stating: “I choose electronic monitoring with the conditions marked below.”
  - 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 monitoring device.” Describe the condition or restriction on the line (s).

## Understanding

This section has important statements. Read them carefully. If you know what the statement means, 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 enter the date.
- Give the completed consent form(s) you signed to the resident.

## Withdrawing Consent for Electronic Monitoring

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

After you fill out a consent form, you can take away your consent at any time. To remove your consent, ask your facility to give you back the form. **NOTE:** if the device has not been in use at least 14 days, first talk to the resident who placed the device, or their representative. They may be using the 14-day exception.

- Sign your name and enter the date in the section for withdrawing consent.
- Give the form back to the facility.

## 14-Day Exception to Notifying the Facility about Electronic Monitoring

There are situations when the resident does **not** need to notify the facility before using an electronic monitoring device. If the resident:

1. Fears retaliation by the facility;
2. Did not receive a timely written response from the facility to a concern the resident gave the facility in writing, and that concern leads you to want to use an electronic monitoring device; **or**
3. Already reported concerns to the Minnesota Adult Abuse Reporting Center or the police, and those concerns lead you to want to use an electronic monitoring device.

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If one of the three exceptions above applies, they are not required to give the facility the form before placing and using the device.

- The resident can place and use the device for up to 14 days without notifying the facility.
- The resident and their roommate, **must** still complete the consent form(s). The roommate must give to the resident the Roommate Electronic Monitoring Consent Form to use electronic monitoring in the room or living unit.
- The resident **must** timely send a completed copy of the Resident Consent form to the Office of Ombudsman for Long-Term Care (Ombudsman).
- The resident or their representative keeps the original completed consent forms, and if the resident continues electronic monitoring for more than 14 days, gives the original form to the facility by the 15<sup>th</sup> day.

INSTRUCTIONS END HERE. FORM TO BE COMPLETED FOLLOWS ON NEXT PAGE.

## Roommate Electronic Monitoring Consent Form

### Identification

Roommate: \_\_\_\_\_

Resident asking for consent to use electronic monitoring: \_\_\_\_\_

Facility: \_\_\_\_\_

Room or living unit identification \_\_\_\_\_

### Electronic Monitoring Device

Make/Brand: \_\_\_\_\_ Model Number: \_\_\_\_\_

Type: (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Device captures video | <input type="checkbox"/> Device captures audio     |
| <input type="checkbox"/> Device records        | <input type="checkbox"/> Device broadcasts/streams |

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

\_\_\_\_\_

### Conditions and Restrictions

- I choose electronic monitoring with no conditions or restrictions
- I choose electronic monitoring with the conditions marked below:
  - Prohibit audio recording
  - Prohibit video recording
  - Prohibit broadcasting/streaming of audio or video
  - Turn off the electronic monitoring device or block the visual recording component of the electronic monitoring device for the duration of an exam or procedure by a health care professional
  - Turn off the electronic monitoring device or block the visual recording component of the electronic monitoring device while dressing, bathing or toileting
  - Turn off the electronic monitoring device for the duration of a visit with the following:
    - Spiritual adviser/clergy
    - Ombudsman
    - Attorney
    - Financial planner
    - Intimate partner
    - Other visitor(s): \_\_\_\_\_
    - All visitors

Any other condition or restriction on the use of the electronic monitoring device:

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

## Understanding

I understand that:

- I may only begin to use an electronic monitoring device after I complete this consent form and submit it to the facility.
- I can request to stop electronic monitoring at any time.
- I can add or remove conditions or restrictions at any time.
- No person may access any video or audio recording created through authorized electronic monitoring without my written consent. Except as required under other law, a recording or copy of a recording may be disseminated for the purpose of addressing health, safety, or welfare concerns of one or more residents.

## Signature

By signing my name below:

I consent to place and use an electronic monitoring device in my room or living unit

Signature of Roommate: \_\_\_\_\_ Date: \_\_\_\_\_



The form is complete. Give this form to the person you share a room or living unit with or their representative.

### Withdrawing Consent for Electronic Monitoring

After my signature, on the date above, I gave consent to use an electronic monitoring device in our room or living unit. On the date in this box, I am withdrawing my consent to use an electronic monitoring device in our room or living unit.

Signature of Roommate: \_\_\_\_\_ Date: \_\_\_\_\_