

## Authorized Electronic Monitoring Policy and Procedure

This guideline sets forth the procedure regarding the use of electronic monitoring at \_\_\_\_\_ . The Facility will not refuse to admit and will not discharge/transfer a resident due to a request to conduct authorized electronic monitoring.

### 1. Resident Procedure for Beginning Authorized Electronic Monitoring

Residents wishing to conduct Authorized Electronic Monitoring (AEM) in their rooms shall:

- A. Complete and return the following document to the Administrator:
  1. Electronic Monitoring Notification and Consent Form;
- B. Provide 14 days' notice to the Community prior to installation of any authorized monitoring device.
- C. Allow Facility staff to work with the individual the resident has retained to install the device.
- D. Provide a description to Community of the type of electronic monitoring device including whether it is:
  - Color vs. Infrared vs. Thermal
  - Standard Definition vs. Megapixel
  - IP vs. Analog
  - Video vs. Audio vs. Video and Audio

After completion of these steps, Resident may work with Facility staff to install an electronic monitoring device in a conspicuous location in the resident's room, at the resident's expense. The electronic monitoring equipment must be installed in a manner that is safe for residents, employees, or visitors who may be moving about the resident's room.

Family members cannot install electronic monitoring over the objections of the resident, or the resident's responsible party. The facility will not use monitoring equipment in violation of the law based solely on a family member's request or approval.

### 2. Withdrawal of Consent

Residents have the right to withdraw their consent at **any time** by sending a withdrawal request in writing to the Executive Director. When a resident withdraws his or her consent, the resident will cause the electronic monitoring device to be removed at his or her expense.

### 3. Cost of Authorized Electronic Monitoring

Residents who wish to participate in Authorized Electronic Monitoring do so at their own expense. Residents are responsible for all costs of electronic monitoring including purchase of the device, installation costs, maintenance costs, removal costs and costs to repair any damage to Community's property caused by the electronic monitoring device.

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If a resident's electronic monitoring device utilizes the internet the resident may be responsible for contracting with an internet service provider and any costs associated with that contract. The Community will not be responsible for any costs Associated with Authorized Electronic Monitoring by a resident.

4. **Removal of Equipment**

Residents are also responsible for removing or uninstalling the electronic monitoring device upon transfer, discharge, or upon termination of the resident's Residency Agreement.

5. **Signs for Rooms of Residents Under Authorized Electronic Monitoring**

Community shall post a clear and conspicuous sign outside of the apartment/room of any resident who participates in Authorized Electronic Monitoring. This sign shall state in large easy to read type that "This room is electronically monitored".

**This room is  
electronically  
monitored.  
Monitoring may be  
video, audio, or both.**

Signs shall be at least 4 inches high by 6 inches wide. The font shall fully fill the sign.

6. **No Retaliation or Discrimination for Participation**

The community will not retaliate or discriminate against any resident based on their participation in or consent to Authorized Electronic Monitoring.

7. **Restrictions on Location and Type of Electronic Monitoring Device**

Any electronic monitoring device shall be placed in a conspicuously visible location in the room/apartment in which it is monitoring. The electronic monitoring device should not be placed outside of the resident's living quarters. Electronic monitoring devices are required to comply with the requirements of the National Fire Protection Association 101 Life Safety Code. The electronic monitoring device must be fixed and unable to rotate.

8. **Failure to Comply with Guideline**

If a resident fails to comply with this guideline, Community staff will report such failure

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to the Office of Long-Term Care Ombudsman and law enforcement as applicable. Continued failure to comply with Community guidelines may constitute grounds for termination of a resident's Residency Agreement.

**9. Privacy Laws**

The resident and/or the resident's responsible party are responsible for complying with local, state, and federal privacy laws; and for firewall protections to prevent images that may violate obscenity laws from being inadvertently shown on the Internet.

**10. Prohibitions**

Tampering with electronic monitoring is prohibited. All covert monitoring is prohibited. If covert monitoring is discovered or if unauthorized recording or viewing is discovered, the facility will report it to the Long-Term Care Ombudsman and law enforcement as applicable. Facility assigned staff is prohibited from refusing to enter a resident's room solely because of electronic monitoring.

**11. Facility Right to Withdraw Approval**

Community reserves the right to withdraw consent to Resident use of Electronic Monitoring within their room at any time with 15 days written notice.

**For purposes of this guideline, any restrictions, limitations, obligations, or duties of a resident shall also apply to any person consenting on behalf of a resident.**

**Acknowledgement of Receipt of Authorized Electronic Monitoring Policy**

I, \_\_\_\_\_ ("Resident"), acknowledge that I have received a copy of Community's Authorized Electronic Monitoring Policy and Procedure this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. I understand that Community is not civilly or criminally liable for the inadvertent or intentional disclosure of electronic information obtained through the use of electronic monitoring by resident or a person who consents on behalf of a resident for any purpose not authorized. I also understand that Community is not civilly or criminally liable for a violation of any resident's right to privacy arising out of the electronic monitoring conducted under the Authorized Electronic Monitoring Policy.

**Resident/Resident's POA Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Facility Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Electronic Communication and Surveillance Cameras**  
**Communicating with Residents, Families and Staff**

This community will honor resident wishes to maintain Electronic Communication Devices and/or surveillance cameras within their apartment/room in accordance with the community's policy and procedure.

- Residents have the right to use these devices in the privacy of their rooms, following the community's policy, and under the applicable state law.
- The type of device will be identified prior to installation and documented in the business office files.
- Family members cannot install an electronic communication device or a surveillance camera over the objection of the resident. The resident or his/her legal power of attorney must consent. This is not a medical decision and as such, the medical power of attorney consent is not sufficient.
- Residents have the right to withdraw consent for electronic communication devices at any time by contacting the administrator/executive director and sending a withdrawal request in writing.
- The resident is responsible for all costs of electronic communication or surveillance including the device, installation costs, maintenance costs, removal costs, and costs to repair any damage to community property cause by the installation of the electronic communication or surveillance device.
- If the resident's electronic communication or surveillance device utilizes the internet, the facility reserves the right to require that the resident contract directly with an internet service provider, and pay any costs associated with that contract.
- The community will post a clear and conspicuous sign outside the apartment/room of any resident who participates in Authorized Electronic Communication or Surveillance. The sign shall state in large, easy to read type: "An Audio/Video Communication or Surveillance Device is in Use." Signs will be at least 4 inches high by 6 inches wide and the font will fully fill the sign.
- The community will not intentionally retaliate or discriminate against any resident based on their participation in or consent to Authorized Electronic Communications or Surveillance.
- Devices must be conspicuously placed and visible in the room/apartment.
- No device will be placed where it captures images outside of the resident's immediate, private living space.
- In semi-private rooms, both residents and their legal power of attorneys must agree to have the device installed.
- If agreement cannot be reached in semi-private rooms, resident may move to a private room or may set up an electronic communication device in a private area with staff assistance.

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**Electronic Monitoring Notification and Consent Form**

*(to be kept in the Resident's File / Medical Record and with the facility's designated electronic monitoring coordinator)*

If a resident wants to conduct electronic monitoring in her or his room, the resident must complete and sign this form.

**Resident Consent to Electronic Monitoring**

I, \_\_\_\_\_ ("Resident"), intend to install an electronic monitoring device in  
(printed name)  
my room \_\_\_\_\_.  
(room number and name of facility)

The date I would like the electronic monitoring device installed is \_\_\_\_\_.

The type of electronic monitoring device I am planning to install is (check one of the boxes below):

- Video and audio
- Video only
- Audio only

I agree to allow Facility staff to assist with installation of the monitoring equipment, and that I will provide Facility staff with complete documentation from the monitoring equipment manufacturer regarding the capabilities of the equipment being installed;

I agree not to use any monitoring device that allows a remote user to electronically access my room without my verbal or physical acceptance of the communication request, each time a communication is initiated remotely;

I understand that I may place conditions or restrictions on the use of the electronic monitoring device. The conditions or restrictions I want to place on electronic monitoring are (check one or more boxes):

- Prohibit broadcasting of audio;
- Prohibit broadcasting of video;
- Turn off the electronic monitoring device for the duration of an exam or procedure by a health care professional;
- Turn off the electronic monitoring device while dressing or bathing is performed;
- Turn the electronic monitoring device off for the duration of a visit with a spiritual advisor, ombudsman, attorney, financial planner, intimate partner, or other visitor.

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If I want to place any other conditions or restrictions on electronic monitoring, I have listed those other conditions or restrictions here:

\_\_\_\_\_.

I agree to indemnify and hold harmless Facility, for any and all claims brought against Facility related to Resident's use of electronic monitoring.

I understand that I may request that my electronic monitoring device be turned off or the visual monitoring component of the electronic monitoring device be blocked at any time.

I understand that I may withdraw my consent to electronic monitoring at any time.

I hereby consent to electronic monitoring under the conditions provided above.

**Resident signature:** \_\_\_\_\_

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

**Facility Representative:** \_\_\_\_\_

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

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In the event that the Resident lacks the capacity to consent, there are specific limitations on who may consent to electronic monitoring on her or his behalf, as follows:

- A. If the Resident has a Durable Power of Attorney for Health Care that has been activated, the DPOA is the only person who may consent to electronic monitoring on behalf of the Resident.**

\_\_\_\_\_  
Printed name of Resident's DPOA

\_\_\_\_\_  
Resident's DPOA's Signature:

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

**Facility Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- B. If the Resident Guardian, the Resident's Guardian is the only person who may consent to electronic monitoring on behalf of the Resident.**

\_\_\_\_\_  
Printed name of Resident's Guardian

\_\_\_\_\_  
Resident's Guardian's Signature

\_\_\_\_\_  
Date

**Facility Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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If a resident wants to conduct electronic monitoring in her or his room, the resident must complete and sign this form.

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(printed name)  
my room \_\_\_\_\_.  
(room number and name of facility)

The date I would like the electronic monitoring device installed is \_\_\_\_\_.

The type of electronic monitoring device I am planning to install is (check one of the boxes below):

- Video and audio
- Video only
- Audio only

I agree to allow Facility staff to assist with installation of the monitoring equipment, and that I will provide Facility staff with complete documentation from the monitoring equipment manufacturer regarding the capabilities of the equipment being installed;

I agree not to use any monitoring device that allows a remote user to electronically access my room without my verbal or physical acceptance of the communication request, each time a communication is initiated remotely;

I understand that neither video, or audio recording is permitted;

I understand that I may place conditions or restrictions on the use of the electronic monitoring device. The conditions or restrictions I want to place on electronic monitoring are (check one or more boxes):

- Prohibit broadcasting of audio;
- Prohibit broadcasting of video;
- Turn off the electronic monitoring device for the duration of an exam or procedure by a health care professional;
- Turn off the electronic monitoring device while dressing or bathing is performed;
- Turn the electronic monitoring device off for the duration of a visit with a spiritual advisor, ombudsman, attorney, financial planner, intimate partner, or other visitor.



If I want to place any other conditions or restrictions on electronic monitoring, I have listed those other conditions or restrictions here:

\_\_\_\_\_.

I agree to indemnify and hold harmless Facility, for any and all claims brought against Facility related to Resident's use of electronic monitoring.

I understand that I may request that my electronic monitoring device be turned off or the visual monitoring component of the electronic monitoring device be blocked at any time.

I understand that I may withdraw my consent to electronic monitoring at any time.

I hereby consent to electronic monitoring under the conditions provided above.

**Resident Signature:** \_\_\_\_\_

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

**Facility Representative:** \_\_\_\_\_

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

In the event that the Resident lacks the capacity to consent, there are specific limitations on who may consent to electronic monitoring on her or his behalf, as follows:

- A. If the Resident has a Durable Power of Attorney for Health Care that has been activated, the DPOA is the only person who may consent to electronic monitoring on behalf of the Resident.**

\_\_\_\_\_  
Printed name of Resident's DPOA

\_\_\_\_\_  
Resident's DPOA's Signature:

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

**Facility Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- B. If the Resident Guardian, the Resident's Guardian is the only person who may consent to electronic monitoring on behalf of the Resident.**

\_\_\_\_\_  
Printed name of Resident's Guardian

\_\_\_\_\_  
Resident's Guardian's Signature

\_\_\_\_\_  
Date

**Facility Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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