



## Electronic Monitoring Notification and Consent Form

The Authorized Electronic Monitoring in Long-Term Care Facilities Act (Public Act 099-0430) permits a resident of a long-term care facility to conduct authorized electronic monitoring of her or his room through the use of an electronic monitoring device.

If a resident wants to conduct electronic monitoring in her or his room, the resident must complete and sign Part I of this form. If the resident has a roommate, the roommate must complete and sign Part II to document her or his consent before an electronic monitoring device can be installed in the resident's room.

The content of this form is mandated by Section 20 of the Authorized Electronic Monitoring in Long-Term Care Facilities Act.

### Part I. Resident's Consent to Electronic Monitoring

I, \_\_\_\_\_ ("Resident"), intend to install an electronic monitoring device in  
(printed name)  
my room \_\_\_\_\_ at Winning Wheels.  
(room number)

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 \_\_\_

Will I need help in having the device installed? Yes \_\_\_ No \_\_\_

If yes, what type of help? \_\_\_\_\_

Have I contracted for the maintenance of the electronic monitoring device? Yes \_\_\_ No \_\_\_

If yes, I understand that I must provide a copy of the maintenance contract with this form.

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 audio recording;

\_\_\_\_\_ Prohibit broadcasting of audio or video;

\_\_\_\_\_ Turn off the electronic monitoring device or block the visual recording component of the electronic monitoring device (circle one) 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 (circle one) 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 understand that Winning Wheels may not access any video or audio recording created through my authorized electronic monitoring without my written consent or the consent of the person who consented on my behalf.

I understand that a video or audio recording created through my authorized electronic monitoring may be disseminated for the purpose of addressing concerns relating to the health, safety, or welfare of a resident or residents.

I understand that I, or the person who consented to electronic monitoring on my behalf, may have to provide a copy of any video or audio recording created by my authorized electronic monitoring device to a party involved in a civil, criminal, or administrative proceeding.

I understand that I may request that my electronic monitoring device be turned off or the visual recording 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 and in accordance with the Authorized Electronic Monitoring in Long-Term Care Facilities Act.

**Resident's signature:** \_\_\_\_\_

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

In the event that the Resident lacks the capacity to consent, Section 15 of the Authorized Electronic Monitoring in Long-Term Care Facilities Act provides specific limitations on who may consent to electronic monitoring on her or his behalf, as follows:

**A. If the Resident has a plenary guardian of the person**, the Resident's plenary guardian is the only person who may consent to electronic monitoring on behalf of the Resident.

Printed name of Resident's plenary guardian \_\_\_\_\_

**Resident's plenary guardian's signature:** \_\_\_\_\_

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

**B. If the Resident is under the age of 18 and does not have a plenary guardian**, a parent of the Resident is the only person who may consent to electronic monitoring on behalf of the Resident.

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

**Resident's parent's signature:** \_\_\_\_\_

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

**C. If the Resident's physician has determined that the Resident lacks the ability to understand electronic monitoring, and the Resident (1) is not under the age of 18, (2) does not have a plenary guardian, and (3) has not affirmatively objected to electronic monitoring**, an individual from one of the following 6 categories may consent on behalf of the Resident, in priority order:

- (1) a health care agent named under the Illinois Power of Attorney Act;
- (2) a resident's representative, as defined in Section 5 of the Authorized Electronic Monitoring in Long-Term Care Facilities Act;
- (3) the Resident's spouse;
- (4) the Resident's parent;
- (5) the Resident's adult child who has the written consent of the other adult children of the Resident to act as the sole decision maker regarding authorized electronic monitoring; or
- (6) the Resident's adult brother or sister who has the written consent of the other adult siblings of the Resident to act as the sole decision maker regarding authorized electronic monitoring.

If an individual from one of these 6 categories is consenting on behalf of the Resident, the Authorized Electronic Monitoring in Long-Term Care Facilities Act requires that the individual explain the following to the Resident:

- (1) the type of electronic monitoring device to be used;
- (2) the standard conditions that may be placed on the electronic monitoring device's use, including those listed on this form;
- (3) with whom the recording may be shared according to Section 45 of the Authorized Electronic Monitoring in Long-Term Care Facilities Act; and
- (4) the Resident's ability to decline all recording.

Did the individual consenting on behalf of the Resident explain those 4 things to the Resident?

Yes \_\_\_\_ No \_\_\_\_

If "Yes", when were those 4 things explained to the Resident? \_\_\_\_\_

Did the individual consenting on behalf of the Resident ask the Resident if he or she wants authorized electronic monitoring to be conducted? Yes \_\_\_\_ No \_\_\_\_

Did the Resident affirmatively object to electronic monitoring? Yes \_\_\_\_ No \_\_\_\_

The name of the Winning Wheels employee who was present when the Resident was asked if he or she wants authorized electronic monitoring to be conducted: \_\_\_\_\_

The name of the physician who determined that the Resident lacks the ability to understand electronic monitoring: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

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

Printed name and address of the individual consenting on behalf of the Resident:

\_\_\_\_\_

Relationship of the individual to the Resident (must be one of the 6 categories of individuals listed in this section): \_\_\_\_\_

**Signature of the individual consenting on behalf of the Resident:**

\_\_\_\_\_

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

**Part II. Roommate's Consent to Allow Electronic Monitoring**

Does the Resident have a roommate? Yes \_\_\_\_ No \_\_\_\_

**If the Resident has a roommate, Part B must be completed and signed before an electronic monitoring device can be installed in the Resident's room. (If the Resident does not have a roommate, please skip this part.)**

I, \_\_\_\_\_ ("Roommate"), am the Roommate of \_\_\_\_\_  
("Resident"),  
(printed name) (printed name)

I reside at \_\_\_\_\_.  
(room number and name and address of facility)

I understand that Resident wants to install an electronic monitoring device and needs my consent to electronic monitoring before the device can be installed.

I understand that I may place conditions or restrictions at any time on the use of an electronic monitoring device installed in my room. The conditions or restrictions I want to place on electronic monitoring are (check one or more boxes):

\_\_\_\_\_ Prohibit audio recording;

\_\_\_\_\_ Prohibit broadcasting of audio or video;

\_\_\_\_\_ Turn off the electronic monitoring device or block the visual recording component of the electronic monitoring device (circle one) 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 (circle one) 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 understand that Winning Wheels may not access any video or audio recording created by an electronic monitoring device installed by the Resident in my room without the written consent of the Resident.

I understand that a video or audio recording created through authorized electronic monitoring may be disseminated for the purpose of addressing concerns relating to the health, safety, or welfare of a resident or residents.

I understand that the Resident, or the person who consented on the Resident's behalf, may have to provide a copy of any video or audio recording created by the Resident's authorized electronic monitoring device to a party involved in a civil, criminal, or administrative proceeding.

I understand that I may request that the electronic monitoring device be turned off or the visual recording 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 and in accordance with the Authorized Electronic Monitoring in Long-Term Care Facilities Act.

**Roommate's signature:** \_\_\_\_\_

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

In the event that the Roommate lacks the capacity to consent, Section 15 of the Authorized Electronic Monitoring in Long-Term Care Facilities Act provides specific limitations regarding who may consent to electronic monitoring on her or his behalf, as follows:

**A. If the Roommate has a plenary guardian of the person**, the Roommate's plenary guardian is the only person who may consent to electronic monitoring on behalf of the Roommate.

Printed name of Roommate's plenary guardian \_\_\_\_\_

**Roommate's plenary guardian's signature:** \_\_\_\_\_

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

**B. If the Roommate is under the age of 18 and does not have a plenary guardian**, a parent of the Roommate is the only person who may consent to electronic monitoring on behalf of the Roommate.

Printed name of Roommate's parent \_\_\_\_\_

**Roommate's parent's signature:** \_\_\_\_\_

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

**C. If the Roommate’s physician has determined that the Roommate lacks the ability to understand electronic monitoring, and the Roommate (1) is not under the age of 18, (2) does not have a plenary guardian, and (3) has not affirmatively objected to electronic monitoring,** an individual from one of the following 6 categories may consent on behalf of the Roommate, in priority order:

- (1) a health care agent named under the Illinois Power of Attorney Act;
- (2) a resident's representative, as defined in Section 5 of the Authorized Electronic Monitoring in Long-Term Care Facilities Act;
- (3) the Roommate's spouse;
- (4) the Roommate's parent;
- (5) the Roommate's adult child who has the written consent of the other adult children of the Roommate to act as the sole decision maker regarding authorized electronic monitoring; or
- (6) the Roommate's adult brother or sister who has the written consent of the other adult siblings of the Roommate to act as the sole decision maker regarding authorized electronic monitoring.

If an individual from one of these 6 categories is consenting on behalf of the Roommate, the Authorized Electronic Monitoring in Long-Term Care Facilities Act requires that the individual explain the following to the Roommate:

- (1) the type of electronic monitoring device to be used;
- (2) the standard conditions that may be placed on the electronic monitoring device's use, including those listed on this form;
- (3) with whom the recording may be shared according to Section 45 of the Authorized Electronic Monitoring in Long-Term Care Facilities Act; and
- (4) the Roommate's ability to decline all recording.

Did the individual consenting on behalf of the Roommate explain those 4 things to the Roommate?

Yes \_\_\_\_ No \_\_\_\_

If “Yes”, when were those 4 things explained to the Roommate? \_\_\_\_\_

Did the individual consenting on behalf of the Roommate ask the Roommate if he or she wants authorized electronic monitoring to be conducted? Yes \_\_\_\_ No \_\_\_\_

Did the Roommate affirmatively object to electronic monitoring? Yes \_\_\_\_ No \_\_\_\_

The name of the Winning Wheels employee who was present when the Roommate was asked if he or she wants authorized electronic monitoring to be conducted:

\_\_\_\_\_

The name of the physician who determined that the Roommate lacks the ability to understand electronic monitoring: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

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

Printed name and address of the individual consenting on behalf of the Roommate:

\_\_\_\_\_

Relationship of the individual to the Roommate (must be one of the 6 categories of individuals listed in this section): \_\_\_\_\_

**Signature of the individual consenting on behalf of the Roommate:**

\_\_\_\_\_

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