

Roommate Representative Electronic Monitoring Consent

FORMS AND INSTRUCTIONS

Important Information

You or the person you may represent may decline electronic monitoring. If you or the person you represent do not wish to use electronic monitoring, do not complete or sign this form.

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

- Give written consent on the roommate representative consent form
- Give the form(s) to the resident and
- Give the form(s) to the facility **unless** using the fourteen (14) day exception. See page 4 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 fits 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 them self
- **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 them self
- **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
- The Minnesota Department of Health
 - Phone: 651-201-4101
 - Email: health.fpc-web@health.state.mn.us
- Minnesota Statute [§144.6502](#)

Instructions

Identification

- Print identifying information

Determining Representative Authority

In most circumstances a roommate must consent to electronic monitoring and a representative may not consent on their behalf. A representative may only consent on a roommate's behalf if:

1. The roommate did not affirmatively object to electronic monitoring; **and**
 2. The roommate's medical professional determines that the roommate currently lacks the ability to understand and appreciate the nature and consequences of electronic monitoring. Get the determination in writing and attach it to the consent form.
- Mark the box beside the statement that best describes how you got authority to represent the roommate
 - Mark the box **only** if the roommate you represent did not object to electronic monitoring
 - Enter the date you:
 - Explained electronic monitoring to the roommate you represent;
 - Asked them if they wanted electronic monitoring; and
 - The roommate you represent did not object.
 - Print the names and relationships of everyone who was present when you asked the roommate you represent if they wanted electronic monitoring used in their room or apartment
 - Mark the box if the medical professional of the roommate you represent determined that they lack the ability to understand and appreciate the nature and consequences of electronic monitoring.
 - Have the medical professional put their determination in writing
 - Attach the medical professionals written determination to the Consent form

Explanations

- Review each item under the section “Explanations” starting on page 5
- If you explained each of the items in that section to the roommate, mark the box

Device

- Print the make or brand name of the device
- Enter the model number
- Mark each box that describes something the 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 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 do 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 visitor” 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

- Print the first and last name of the roommate you represent
- If you agree to use an electronic monitoring device in the room or living unit of the roommate you represent, sign your name and enter date
- Give the completed consent form you just signed and dated to the resident who requested your consent or their representative

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 and give it to the resident who requested it, or their representative, you can take away your consent at any time. To remove your consent, ask the 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. The 14 day exception is explained below.

- Sign your name and enter 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 they start using electronic monitoring. 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 them 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 them to want to use an electronic monitoring device.

If one of the three exceptions above applies:

- 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) and the roommate must consent to using an electronic monitoring device.
- The resident **must** send a copy of the consent form they complete (not the one you complete) to the Office of Ombudsman for Long-Term Care (Ombudsman).
- The resident or their representative keeps the original completed consent forms and **must** give them to the facility by the 15th day if the resident or their representative intends to use electronic monitoring for more than 14 days.

Roommate Representative Electronic Monitoring Consent Form

Identification

Roommate: _____

Resident asking for consent to use electronic monitoring: _____

Facility: _____

Room or living unit identification: _____

Roommate representative: _____

Determining Representative Authority

1. The roommate's representative is a:
 - Court-appointed guardian
 - Person age 18 or older appointed by the resident in a health care power of attorney to make health care decisions on behalf of the resident; or
 - Person who is not an agent of a facility or of a home care provider designated in writing by the resident and maintained in the resident's records on file with the facility.
2. The roommate's representative may consent to electronic monitoring on behalf of the resident if:
 - The resident did not affirmatively object to electronic monitoring.
 - a. Date the resident was asked if they consented to electronic monitoring conducted in their room or living unit and did not affirmatively object to electronic monitoring was: _____
 - b. Person(s) present when the resident was asked if they consented to electronic monitoring conducted in their room or living unit:

AND

The roommate's medical professional determined that the roommate currently lacks the ability to understand and appreciate the nature and consequences of electronic monitoring. (Attach a written determination by the medical professional to this Consent form.)

Explanations

- As the roommate's representative, I explained the following to the roommate:
- No person may access any video or audio recording created through authorized electronic monitoring without my (the representative's) written consent, except if it is required under another law, a recording or copy of a recording may be disseminated to address the health, safety or welfare concerns of one or more residents.
 - Conditions may be placed on the use of the electronic monitoring device.

ROOMMATE REPRESENTATIVE ELECTRONIC MONITORING CONSENT

- The roommate has the ability to decline any and all recording.
- If the roommate consents to electronic monitoring they can:
 - Withdraw consent at anytime
 - Add or remove conditions at anytime
- Type/brand of electronic monitoring device that the resident will use such as a:
 - Device that captures video
 - Device that captures audio
 - Device that records
 - Device that streams
 - If the device streams, who will have access

Electronic Monitoring Device

Type/brand: _____ Model Number: _____

Type: (check all that apply)

- Device captures video Device captures audio
 Device records Device 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:

- The resident in my shared room or living unit may only begin to use an electronic monitoring device if both of us, or our representatives, give consent in writing on the Consent form.
- 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's Representative: _____ 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's Representative: _____ Date: _____