**Electronic Monitoring Request Form**

Ohio Revised Code § § 3721.60-3721.68 permits an Ohio nursing facility Resident, his/her legal guardian or his/her attorney-in-fact to install and use of an electronic monitoring device in the resident’s room consistent with the consent, notification and other requirements set forth in the law. According to the law, any resident should make the request using a form proscribed by the nursing facility. Ohio Living shall not retaliate against a resident for conducting electronic monitoring pursuant to the law.

Resident Name

Electronic monitoring request made by: \_\_resident \_\_ legal guardian \_\_ HPOA

Name of legal guardian / HPOA (if applicable)

Type of electronic monitoring: \_\_audio \_\_video \_\_both audio & video

I hereby give permission for electronic monitoring of the private room of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (resident name) with the following limitations or conditions (for example, device may only record certain hours, or may be directed away from the bathroom for privacy):

I understand:

* I am solely responsible for the purchase, installation and maintenance of the electronic monitoring device of my choosing.
* I am responsible for any ongoing costs associated with the device, except for electricity. This may include wireless or subscription services necessary for its operation.
* I have the right to revoke this request at any time.

Signature

Date

Relationship to resident

By completing this form, the resident or resident’s legal guardian or attorney-in-fact hereby releases the facility from liability in any civil or criminal action or administrative proceeding for a violation of the resident's right to privacy in connection with using the device.

To revoke this permission, sign and date below:

Signature

Date

Relationship to resident

*(over)*

**Consent for Roommates**

For any resident of a shared room, roommates or their surrogate decisionmaker must consent to the installation and use of the electronic monitoring device. The resident, the resident’s guardian or resident’s attorney-in-fact is responsible for completing the Consent for Roommates form.

I hereby give permission for electronic monitoring of the private room of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (resident name) with the following conditions or limitations (for example, device may only record certain hours, may be directed away from the bathroom for privacy, or may only consent to audio recordings):

I understand that I have the right to revoke this request at any time.

Signature

Date

Relationship to resident

To revoke this permission, sign and date below:

Signature

Date

Relationship to resident