



Center for Healthcare Facilities Regulation Electronic Monitoring Device Consent Form

As of January 30, 2025, Rhode Island law §23-17.29 allows residents of nursing homes and assisted living facilities, or their legal representatives, to install electronic monitoring devices in the resident's room. **This form must be completed and returned to the facility before the electronic monitoring device is installed and/or turned on. Resident or resident's representative should complete sections 1 and 2. If applicable, resident's roommate or roommate's representative should complete section 3.**

Section 1: Device Information and Conditions of Use

Resident name: _____

Resident room number: _____

Facility name: _____

Electronic Monitoring Device make/brand: _____

Characteristics of Electronic Monitoring Device: *(Check all that apply.)*

- | | |
|--|--|
| <input type="checkbox"/> Device can broadcast video. | <input type="checkbox"/> Device can record sound. |
| <input type="checkbox"/> Device can broadcast sound. | <input type="checkbox"/> Device can track movement. |
| <input type="checkbox"/> Device can record video. | <input type="checkbox"/> Device can be activated remotely. |

Installation/technical needs:

Conditions of Use

The resident can put limits or conditions on the device's use. Please answer each question.

	Yes	No
I want to prohibit the device from broadcasting video.	<input type="checkbox"/>	<input type="checkbox"/>
I want to prohibit device from broadcasting sound.	<input type="checkbox"/>	<input type="checkbox"/>
I want to prohibit the device from recording video.	<input type="checkbox"/>	<input type="checkbox"/>
I want to prohibit the device from recording sound.	<input type="checkbox"/>	<input type="checkbox"/>
I want to prohibit the device from tracking movement.	<input type="checkbox"/>	<input type="checkbox"/>
I want to turn off the device or stop it from recording video while I am having an exam or procedure from a healthcare professional.	<input type="checkbox"/>	<input type="checkbox"/>
I want to turn off the device or stop it from recording video while I am getting dressed or bathing.	<input type="checkbox"/>	<input type="checkbox"/>
I want to turn off the device or stop it from recording while I am visiting with a spiritual adviser, ombudsman, attorney, financial planner, intimate partner, or other visitor.	<input type="checkbox"/>	<input type="checkbox"/>

Please list other conditions or restrictions the Resident wants regarding the use of the device:

Section 2: Resident's Consent and Signature

*If you **do not** want to use an Electronic Monitoring Device in your room, **do not** sign this Consent Form.*

A: If the RESIDENT is signing

By signing my name below, I understand the nature of electronic monitoring. I understand my rights and responsibilities of using the electronic monitoring device, and I consent to place and use an electronic monitoring device according to the conditions and/or restrictions I have selected for the electronic monitoring device in Section 1 of this Consent Form.

Print resident's name: _____

Resident's signature: _____

Date: _____

B: If a REPRESENTATIVE is signing of behalf of the resident

Resident's name: _____

Authorized Representative's Information

Authorized Representative's relationship to resident: *(Please check one.)*

- | | |
|---|---|
| <input type="checkbox"/> Healthcare agent acting pursuant to a durable power of attorney (Attach form.) | <input type="checkbox"/> Court-appointed Guardian (Attach court order.) |
| <input type="checkbox"/> Resident's spouse | <input type="checkbox"/> Resident's parent |

As a Representative of the Resident, I consent on their behalf to place and use an electronic monitoring device according to the conditions and/or restrictions I have selected for the Resident's electronic monitoring device in Section 1 of this Consent Form. By signing on their behalf, I acknowledge that:

- I have explained to the Resident the type of electronic monitoring device being used, the conditions and/or restrictions on the electronic monitoring device, and with whom the recording(s), if applicable, will be shared.
- I have explained to the Resident that they may decline any or all recordings.
- The Resident has not affirmatively objected to audio and/or visual streaming and/or recording.

Representative name: _____

Representative phone: _____

Representative email (optional): _____

Representative signature: _____ Date: _____

C: Healthcare Provider Attestation (*Complete this section if Resident's Representative is providing consent.*)

I am a healthcare professional licensed in the State of Rhode Island and attest that the Resident lacks the ability to understand and appreciate the nature and consequences of electronic monitoring.

Provider name:_____

RIDOH license number:_____

Provider signature:_____ Date:_____

Section 3: Roommate Consent

*If you **do not** want to use an **Electronic Monitoring Device** in your room, **do not** sign this Consent Form.*

A: If the ROOMMATE is signing

By signing my name below, I understand the nature of electronic monitoring. I understand my rights and responsibilities of using the electronic monitoring device, and I consent to place and use an electronic monitoring device that records or allows video and audio access in my room. **I agree to all conditions and restrictions that the Resident has elected to place on the electronic monitoring device as listed in Section 1 of this form.**

Print roommate name: _____

Roommate signature: _____ Date: _____

B: If a REPRESENTATIVE is signing of behalf of the Roommate:

Print roommate name: _____

Roommate's Authorized Representative's Contact Information

Authorized Representative's relationship to roommate: *(Please check one.):*

- | | |
|---|--|
| <input type="checkbox"/> Healthcare agent acting pursuant to a durable power of attorney (Attach form.) | <input type="checkbox"/> Roommate's spouse |
| <input type="checkbox"/> Court-appointed Guardian (Attach court order.) | <input type="checkbox"/> Roommate's parent |

As a Representative of the Roommate, I consent on their behalf to place and use an electronic monitoring device that records or allows video and audio access in the Roommate's room. **I agree to all conditions and restrictions that the Resident has elected to place on the electronic monitoring device as listed in Section 1 of this form.** By signing on their behalf, I acknowledge:

- I have explained to the Roommate the type of electronic monitoring device being used, the conditions and/or restrictions on the electronic monitoring device, and with whom the recording(s), if applicable, will be shared.
- I have explained to the Roommate that they may decline any or all recordings.
- The Roommate has not affirmatively objected to audio and/or visual streaming and/or recording.

Representative name: _____

Representative phone: _____

Representative email (optional): _____

Representative signature: _____ Date: _____

C: Healthcare Provider Attestation (*Complete this section if Resident's Representative is providing consent.*)

I am a healthcare professional licensed in the State of Rhode Island and attest that the Roommate lacks the ability to understand and appreciate the nature and consequences of electronic monitoring.

Provider name:_____

RIDOH license number:_____

Provider signature:_____ Date:_____