

Division of Developmental Disabilities

Electronic Monitoring Notification and Resident's Consent Form

The Authorized Electronic Monitoring in Community-Integrated Living Arrangements and Developmental Disability Facilities Act (Public Act 101-0229) permits a resident of a Community-Integrated Living Arrangement (CILA) or Developmental Disability (DD) facility to conduct authorized electronic monitoring of her or his bedroom through the use of an electronic monitoring device.

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

The content of this form is mandated by Section 15 of the Authorized Electronic Monitoring in Community-Integrated Living Arrangements and Developmental Disability Facilities Act.

Part I. Resident's Consent to Electronic Monitoring

I, _____ (Print First and Last Name) ("Resident"), intend to install an electronic monitoring device in my bedroom.

I live at:

_____ Name of facility (if applicable)
_____ Street Address (Required)
_____ Bedroom or Apartment Number (if applicable)
_____ City, State, Zip Code (Required)

I do ___ / do not ___ (Check One) have a roommate who shares my room.

The name of my roommate is: _____ (Print First and Last Name, if applicable).

I acknowledge I must obtain my roommate's, or the person who is authorized to consent to electronic monitoring on my roommate's behalf permission before I can install an electronic monitoring device in my bedroom. If my roommate changes at any time after this consent is signed and dated, I acknowledge I must obtain the new roommate's permission with a new fully completed, signed and dated consent form to be able to continue to use my electronic monitoring device in my bedroom. If my roommate listed above changes, I acknowledge I must stop the use of my electronic monitoring device until such date and time as a new consent is completed, signed and dated by my new roommate or the person who is authorized to consent to electronic monitoring on my roommates behalf.

I understand conducting electronic monitoring must be done at my own expense, including paying purchase, installation, maintenance, and removal costs.

I understand if I choose to install an electronic monitoring device that uses Internet technology for visual or audio monitoring, I'm responsible for contracting with an Internet service provider and installing a secure, password-protected network.

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 (Check One)

If yes, what type of help? _____

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

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

I understand 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;

For the duration of an exam or procedure by a health care professional: (Check One)

Turn off the electronic monitoring device; or

Block the visual recording component of the electronic monitoring device.

While dressing or bathing is performed: (Check One)

Turn off the electronic monitoring device; or

Block the visual recording component of the electronic monitoring device.

Turn the electronic monitoring device off for the duration of a visit with: (Check all that apply)

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

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

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

I, _____, (Print First and Last Name) hereby consent to electronic monitoring under the conditions provided above and in accordance with the Authorized Electronic Monitoring in Community-Integrated Living Arrangements and Developmental Disability Facilities Act.

Resident's signature: _____

Date: _____ Time: _____ am / pm (Circle One)

In the event the Resident lacks the capacity to consent, Section 15 of the Authorized Electronic Monitoring in Community-Integrated Living Arrangements and Developmental Disability 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, 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: _____ Time: _____ am / pm (Circle One)

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: _____ Time: _____ am / pm (Circle One)

The Resident's Electronic Monitoring Notification and Consent is not valid until properly completed, signed and dated with the applicable time of signature; AND if a Roommate is identified in this agreement, the Roommate's Consent to Allow Electronic Monitoring form is not valid until properly completed, signed and dated with the applicable time of signature.

No Electronic Monitoring may be done without a valid Electronic Monitoring Notification and Consent form AND if applicable, a valid Roommate's Consent to Allow Electronic Monitoring form.

When an Electronic Monitoring Notification and Consent form is completed, signed and dated with applicable time of signature, the original must be maintained in the Resident's Record. If the Resident has a Roommate, a copy of the Roommates Consent to allow Electronic Monitoring must be attached to this document and maintained in the Resident's Record.

A copy of the completed, signed and dated consent form and roommates consent form, if applicable, must be provided to the residential service provider or facility. A second copy of the completed, signed and dated with applicable time of signature consent form and the original of the Roommate's consent form must be maintained in the Resident's Roommate's file and a copy must be provided to the roommate's authorized representative upon request.