

## Division of Developmental Disabilities

### Electronic Monitoring Notification and Roommate'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 II. Roommate's Consent to Allow Electronic Monitoring

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

I, \_\_\_\_\_ (Print First and Last Name) ("Roommate"), am the Roommate of  
\_\_\_\_\_ ("Resident").

I live at:

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

I understand my roommate listed as "Resident" wants to install an electronic monitoring device and needs my consent for electronic monitoring before the device can be installed.

I understand conducting electronic monitoring is being done at "Resident's" own expense, including paying purchase, installation, maintenance, and removal costs. I have no responsibility to pay for any part of the expense for "Resident's" electronic monitoring device.

I understand I may place conditions or restrictions at any time on the use of an electronic monitoring device installed in my bedroom. 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 the residential service provider or facility where I live may not access any video or audio recording created by an electronic monitoring device installed by the Resident in my bedroom without the written consent of the Resident.

I understand 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 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 I may request the 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.

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm (Circle One)

In the event the Roommate 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 regarding who may consent to electronic monitoring on her or his behalf, as follows:

**A. If the Roommate has a plenary guardian**, 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: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm (Circle One)

**B. If the Roommate is under the age of 18 and does not have a plenary guardian**, a parent/guardian 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: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm (Circle One)

**The Roommate's Consent to Allow Electronic Monitoring form is not valid until properly completed, signed and dated with the applicable time of signature.**

**When a Roommate completes, signs and dates with applicable time the Roommate's Consent to Allow Electronic Monitoring form is the original form must be maintained in the Resident's Roommate's Record. The Roommate and their authorized representative, as applicable, is entitled to receive a copy of the Resident's Electronic Monitoring Notification and Consent form.**

**A copy of the completed, signed and dated with applicable time, Electronic Monitoring Notification and Consent form and Roommate's Consent form, if applicable, must be provided to the residential service provider or facility.**

**A second copy of the Roommate's Consent form must be provided to the Resident and maintained in the Resident's record. A copy of the Roommate's Consent Form must be provided to the Resident's authorized representative, if applicable, upon request.**