INSTALLATION PLAN

FOR ELECTRONIC MONITORING

(Must be in compliance with facility regulations and policies)

Requested date of installation:

Type of Electronic Monitoring Device:

Person or company installing device:

Approximate time needed to install device:

Materials needed for installation (to be provided by the resident or if provided by the facility resident will be billed):

Requested Location in Resident Room:

Monitoring Device has at least 128-bit encryption and enable a secure socket layer (“SSL”):
Yes \_\_\_\_ No \_\_\_\_

Electronic Device is placed in a fixed, stationary position:
Yes \_\_\_\_ No \_\_\_\_

* monitors only the area occupied by the resident and not the area occupied by the resident’s roommate:
Yes \_\_\_\_ No \_\_\_\_
* protects the privacy and dignity of the resident:
Yes \_\_\_\_ No \_\_\_\_
* screenshot to be provided of camera view to ensure monitoring restrictions. Screenshot provided by facility:
Yes \_\_\_\_ No \_\_\_\_

Restrictions on use of the device requested by resident or resident’s representative (i.e. only audio, only video, time of operation, not operated during daily care, direction and focus):

Restrictions on use of the device (i.e. only audio, only video, time of operation, direction and focus) by non-requesting resident (roommate) occupying the same room:

If internet access required, resident or resident’s representative has contracted with necessary internet provider (internet access will not be permitted through guest wifi connections or through facility or corporate networks):
Yes \_\_\_\_ No \_\_\_\_

Instructions on disabling device should resident expire, require hospitalization or to comply with ND statutes and regulations:

Resident and/or Resident’s Representative acknowledges and agrees no recording, or portion of a recording, from an authorized electronic monitoring device may be shared or posted on any social media.

Resident and/or Resident’s Representative understands all costs associated with installation, operation, internet access, removal, repairs, room damage and maintenance are paid by the resident or resident’s representative who initiated the use of the authorized electronic monitoring device.

Resident and/or Resident’s representative understands all restrictions by resident and/or Resident’s representative or resident’s roommate, is the responsibility of the resident or the resident’s representative. The facility is not responsible for the operation or disabling of the electronic monitoring device. Also, any time the device must be disabled as a result of resident’s roommate withdrawing consent or new roommate moving into the room, the electronic monitoring device must be disabled until consent is obtained from new roommate.

By signing below you agree to comply with the installation plan and any and all facility codes, guidelines and regulations related to the use or installation of an electronic monitoring device. You also agree to comply with all laws and regulations related to the use of an electronic monitoring device. You also agree the facility may disable the device in limited circumstances where the resident expires, requires hospitalization or to comply with North Dakota law, rules or regulations.

Room #:

|  |  |  |
| --- | --- | --- |
|  Resident or Resident’s Representative |  |  Date |

FOR FACILITY USE ONLY

Placement of the device and equipment in compliance with electrical wiring standards:
Yes \_\_\_\_ No \_\_\_\_

Placement of the device and equipment in compliance with fire safety codes:
Yes \_\_\_\_ No \_\_\_\_

Placement of the device and equipment in compliance with general facility guidelines:
Yes \_\_\_\_ No \_\_\_\_

Comments: