

**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: _____

