

Wyoming Department of Health

**Long-term Care Facilities: Notice of Use of Electronic Monitoring
and/or Security Surveillance**

Facility Name: _____

Facility Address: _____

By signing this form, I acknowledge that I have been informed that this Long Term Care Facility currently uses the following (facility representative must check the appropriate box(es) below):

<input type="checkbox"/>	Electronic monitoring in residents' rooms
<input type="checkbox"/>	Security surveillance in hallways and common areas

I also acknowledge that I have been informed of the following, as required by W.S. 35-2-1204(c):

Each resident has the right to use an electronic monitoring device in his or her room, provided that any other residents in the room consent to the electronic monitoring device.
The use of unauthorized electronic monitoring devices or covert placement of an electronic monitoring device is prohibited.
The other residents in the facility may be using electronic monitoring devices in their rooms.
A resident may file a grievance with the facility if a facility interferes with a resident's right to use an electronic monitoring device and that a resident may file a grievance with the Long-Term Care Ombudsman if the facility fails to resolve or respond to the grievance.
There are security and privacy risks associated with the use of electronic monitoring devices, including: revealing personal or sensitive information, including health-related information, to individuals with authorized access to the electronic monitoring device; potential security breaches resulting in unauthorized access to the device.

Resident/Resident's Representative Signature

Date

Wyoming Department of Health

Long-term Care Facilities: Consent for Electronic Monitoring

Facility Name: _____

Facility Address: _____

This form is to be completed and signed only by the resident or resident's representative wanting to place and use an authorized electronic monitoring device in the resident room. .

Name of Resident: _____	Room Number: _____
This serves as a request to place and use electronic monitoring in my room in accordance with W.S. 35-2-1201 to -1208.	
The type of electronic monitoring device I am planning to install is (check one of the boxes below and indicate the type and number of devices used):	
Video and audio: _____	Type(s): _____ # of Devices: _____ Proposed installation date: _____
Video Only: _____	Type(s): _____ # of Devices: _____ Proposed installation date: _____
Audio Only: _____	Type(s): _____ # of Devices: _____ Proposed installation date: _____
_____ I acknowledge that I must provide the facility a copy of any contracts with commercial entities that will oversee the installation and maintenance of the electronic monitoring devices.	
_____ I acknowledge that facility approval of the type, number, location and installation of electronic monitoring devices is required before installation.	

Wyoming Department of Health

Please initial each statement below to show you have read and understand its contents.

_____ I hereby understand and agree to the following requirements from W.S. 35-2-1201 to -1208 for an authorized electronic monitoring device.

An electronic monitoring device means a video camera or other surveillance instrument with a fixed position that captures, records, transmits or broadcasts audio, video or both and that is installed in a resident's room and used for electronic monitoring of the resident and activities in the room.

_____ I understand that 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;

_____ Turn off the electronic monitoring device or block the visual recording component of the electronic monitoring device for the duration of an **exam or procedure** by a healthcare professional;

_____ Turn off the electronic monitoring device or block the visual recording component of the electronic monitoring device while **dressing or bathing** is performed;

_____ Turn the electronic monitoring device off for the duration of a **visit** with a 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 acknowledge that, by using an electronic monitoring device, I may reveal personal or sensitive information, including health-related information, to individuals with authorized access to the electronic monitoring device and I confirm I consent to any such disclosures.

Wyoming Department of Health

<p>_____ I waive any claim of liability against the facility for any civil damages for any release or use of a recording made by security surveillance devices under the control or in the custody of the facility or for a violation of the resident's right to privacy in connection with the use of electronic monitoring devices, except for acts or omissions constituting gross negligence or willful or wanton misconduct.</p>
<p>_____ I acknowledge that the consent of other residents residing in the same room is required and that the other residents residing in the same room may limit my use of an electronic monitoring device.</p>
<p>_____ I acknowledge that I am responsible for all fees associated with the electronic monitoring device including purchase, installation, removal, maintenance, internet connectivity and repair of any damage or markings resulting from installation.</p>
<p>_____ I understand that the use of unauthorized electronic monitoring devices or covert placement of an electronic monitoring device is prohibited.</p>
<p>_____ I understand that I may file a grievance with the facility if the facility interferes with my right to use electronic monitoring and that I may file a complaint with the Long-Term Care Ombudsman if the facility fails to resolve or respond to the grievance.</p>
<p>_____ I understand I can revoke this decision to place and use an authorized electronic monitoring device at any time during my stay in the facility by submitting a written notice.</p>

Resident/Resident's Representative Signature

Date

If the resident has a roommate, the roommate consent form must be completed and signed before an authorized electronic monitoring device can be placed and used in the resident's room. If a new roommate has moved into the room, the device cannot be used until the roommate consent form is completed and signed by the new roommate.

Wyoming Department of Health

Long-term Care Facilities: Roommate Consent for Electronic Monitoring

Facility Name: _____

Facility Address: _____

Name of Resident: _____	Room Number: _____
<p>_____ I understand that I am not required to consent to my roommate's intended placement and use. A facility may not refuse to admit, remove, or retaliate against a resident who declines to consent to use electronic monitoring in his or her room pursuant to W.S. 35-2-1206(a).</p> <p>An electronic monitoring device means a video camera or other surveillance instrument with a fixed position that captures, records, transmits or broadcasts audio, video or both and that is installed in a resident's room and used for electronic monitoring of the resident and activities in the room.</p>	

I understand that my roommate would like to place and use one or more electronic monitoring devices in our shared living area.	
I hereby:	
<i>(check only one below)</i>	
<input type="checkbox"/>	CONSENT
<input type="checkbox"/>	DO NOT CONSENT*
to the placement of such devices.	
<i>*If you have chosen to not consent to the placement and use of an authorized electronic monitoring device, you do not need to complete the remainder of the form.</i>	

Wyoming Department of Health

Complete the remainder of this form if you are choosing to consent to the placement and use of an electronic monitoring device.

Please initial each statement below to show you have read and understand its contents.

_____ I hereby understand and agree to the following requirements from W.S. 35-2-1203 through 35-2-1208 for an authorized electronic monitoring device.

_____ I understand that 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;

_____ Turn off the electronic monitoring device or block the visual recording component of the electronic monitoring device for the duration of an **exam or procedure** by a health care professional;

_____ Turn off the electronic monitoring device or block the visual recording component of the electronic monitoring device while **dressing or bathing** is performed;

_____ Turn the electronic monitoring device off for the duration of a **visit** with a 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 waive any claim of liability against the facility for any civil damages for any release or use of a recording made by an electronic monitoring device under the control or in the custody of the facility or for a violation of the resident's right to privacy in connection with the use of electronic monitoring devices, except for acts or omissions constituting gross negligence or willful or wanton misconduct.

Wyoming Department of Health

_____ I understand that a resident may file a grievance with the facility if a facility interferes with my rights regarding the use of an electronic monitoring device and that I may file a complaint with the Long Term-Care Ombudsman if the facility fails to resolve or respond to the grievance.

_____ I understand I may revoke my consent for the placement and use of an authorized electronic monitoring device at any time by giving a written notice. If consent is revoked, the resident must immediately cease using the electronic monitoring devices in the room. A facility shall have authority to remove or disable any electronic monitoring device from a room after consent is revoked and if the resident does not immediately cease using the device.

Resident/Resident's Representative Signature

Date

Wyoming Department of Health

Long-term Care Facilities: Revocation of Consent for Electronic Monitoring

Facility Name: _____

Facility Address: _____

Name of Resident: _____	Room Number: _____
I hereby revoke my consent for an electronic monitoring device to be placed and used in the room. My roommate must immediately cease using any electronic monitoring devices in the room. The facility has authority to remove or disable any electronic monitoring device from a room after consent is revoked and if the resident does not immediately cease using the device.	

Resident/Resident's Representative Signature

Date

For Facility Use:

Signature of Facility Representative

Date