

**Aging and Disability Services Division**  
**Electronic Communication Devices for Personal Living Spaces in Covered Facilities**

Request for Electronic Device Form

Person Served First and Last Name:

Person Served Authorized Representative:

Home and Room Number:

I would like the following electronic communication device installed in my room:

- ☐ Video and Audio
- ☐ Video only
- ☐ Audio only

I would like to install the device on:

I need help having the device installed:

- ☐ Yes
- ☐ No

If yes, what help is needed?

I understand and agree that I, as the resident, or the resident's authorized representative must:

- ☐ Pay for all costs associated with purchasing, installing, repairing, and maintaining the electronic communication device;
- ☐ Obtain my roommates' consent before having any devices installed;
- ☐ Have the device installed in a fixed location avoiding areas of bathing, dressing and toileting;
- ☐ Purchase a device with an on/off switch; and
- ☐ Remove installed device if roommates' consent changes.

I, \_\_\_\_\_, release the covered facility, \_\_\_\_\_, and employees of the facility from any administrative, civil or criminal liability for a violation of privacy in relation to use to an electronic communication device installed at my request.

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Person, other than resident or representative, allowed to review or listen to recordings (Name and Contact Information:

I understand that the following persons may view or listen to the images or sounds which are displayed, broadcast or recorded on the electronic communication device, or temporarily disable or turn off the electronic communication device:

- A law enforcement representative conducting an investigation;
- A representative from the Aging and Disability Services Division or the Bureau Health Care Quality and Compliance who is conducting an investigation;
- The State Long-Term Care Ombudsman; and
- An attorney representing the resident or the roommate of the resident that is acting within the scope of that representation.

Person Served or Authorized Representative Signature: \_\_\_\_\_

Signature date:

Received by:

Date: