



Oklahoma State Department of Health  
Creating a State of Health

## Consent By Roommate For Authorized Electronic Monitoring

I, \_\_\_\_\_, OR  
(name of resident)

I, \_\_\_\_\_, on behalf of \_\_\_\_\_,  
(name of resident representative) (name of resident)

Consent to allow authorized electronic monitoring by the other residing resident or their representative of room number/location \_\_\_\_\_, in accordance with Oklahoma Statutes, Section 1-1953.6 of Title 63 Chapter 675.

### Condition consent:

- 1) When the proposed electronic monitoring device is a video surveillance camera, condition consent on the camera being pointed away from the consenting resident.

Yes, I want the camera pointed away from my side of the room \_\_\_\_\_ (Initial here)

No, I have no condition on placement \_\_\_\_\_ (Initial here)

- 2) Condition consent on the use of an audio electronic monitoring device being limited or prohibited.

Yes, I want limitations noted here \_\_\_\_\_

Yes, I want to prohibit audio surveillance in my room \_\_\_\_\_ (Initial here)

This form may be signed only by the resident or the guardian or legal representative of the resident, as provided in 1-1902 of Title 63, Chapter 675 of the Oklahoma Statutes.

\_\_\_\_\_  
Signature –If applicable - Any Resident also residing in the room/  
Guardian of Resident/Legal Representative of Resident (circle appropriate title) Date

\_\_\_\_\_  
Facility Name/Address

\_\_\_\_\_  
Signature/Facility Representative Date

\*Note – If the resident does not want to give consent, the resident requesting electronic monitoring may request another room.