



Oklahoma State Department of Health
Creating a State of Health

Consent Form Notice to Facility for Authorized Electronic Monitoring

I, _____, OR
(name of resident)

I, _____, on behalf of _____,
(name of resident representative) (name of resident)

wish to conduct authorized electronic monitoring in room number/location _____,
in accordance with Oklahoma Statutes, Section 1-1953.6 of Title 63 Chapter 675 .

Is the monitoring device a video surveillance camera? Yes No (circle one)

Does the monitoring device include audio recording? Yes No (circle one)

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—Resident/Guardian of Resident/Legal Representative of Resident
(circle appropriate title)

Date

Facility Name/Address

Signature-Facility Representative

Date

The purpose of this form is to:

- 1). Notify the facility whenever video surveillance will be used by a resident in his/her room; and
- 2). To provide notice to a resident residing in a semi-private room of the presence of video surveillance.