

**INFORMED CONSENT AND HUMAN RIGHTS APPROVAL
REGARDING CAMERA SURVEILLANCE VIDEO CAMERAS**

NAME: _____

- The primary purpose for the camera surveillance in state operated ICFs/IID is to assist with assuring:
 - The accountability of staff; and,
 - The prevention of abuse and/or neglect.
- Cameras will be located only in common areas of the facility, (i.e., living/dining areas, hallways, etc.)
- Cameras will never be located in private/personal areas of the facility (i.e., bedrooms, bathrooms, etc.)
- The confidentiality of the information recorded will be maintained. Only the Facility Administrator and their designees; Administrators on Duty (AOD), and entities with investigative authority will be provided access to video viewing, use of the video, or receive copies. Any breach or misuse will be reported to the DDSN Chief Information Security and Privacy Officer and is strictly prohibited.

1. I have read and/or had the above information interpreted to me.
2. I understand that I can either give or refuse consent at this time.
3. If I give consent at this time, I am aware that with written notification I can withdraw my consent at any time.

Check the box that indicates your decision, and sign below.

- I GIVE** my consent for the use of video surveillance cameras in the center in which I live.
- I DO NOT GIVE** my consent for the use of video surveillance cameras in the center in which I live.

Signature of Individual Living in the center Date Guardian Date

Person Interpreting Date Witness Date

PHONE/VERBAL APPROVAL FROM FAMILY/GUARDIAN (if necessary):

Name of Family/Guardian Contacted:	Date/Time Contacted:	Name and Signature of Person Making Contact:

HUMAN RIGHTS COMMITTEE REVIEW/APPROVAL:

HRC REPRESENTATIVE	PHONE APPROVAL		INITIALS OF PERSON CALLING	HRC REPRESENTATIVE SIGNATURE	DATE HRC REP. SIGNED
	DATE	TIME			