



Affix Patient Label	
Patient Name:	Date of Birth:

Bronson Agreement for Camera Monitoring

To help keep me safe, my healthcare team has suggested a camera monitored room.

I understand that:

- The camera will be on the bed.
- The camera is on when the light is green. The camera is off when the light is red.
- The camera may be off during personal care. Examples of this are bathing and toileting.
- I can ask to have the camera off if someone is in the room to keep me safe.
- Camera monitoring rooms do not create a recording of any kind.
 - While we can see you to help keep you safe, we do not record pictures of you.
 - While we can talk to you to remind you to be safe, camera monitoring rooms do not record sound.
 - The camera is monitored by staff members from a private room. Staff is trained in privacy.

I agree to a camera monitored room.

I understand this form.

I have been given the opportunity to ask any questions.

Signature of Patient/Guardian/Next of Kin	Relationship to Patient	/
Witness Signature	Relationship to Patient	/

Signature of Patient/Guardian/Next of Kin	Relationship to Patient	/
Witness Signature	Relationship to Patient	/

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature	ID #	/
		Date/Time