

### Request for Authorized Electronic Monitoring

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

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, wish to conduct  
(name of requestor) (name of resident)

authorized electronic monitoring, in accordance with Chapters 242 and 247 of the Texas Health and Safety Code. I release \_\_\_\_\_ from any civil liability for a violation of  
(name of facility)

\_\_\_\_\_’s privacy rights in connection with the use of the electronic monitoring device.  
(Provide name of resident.)

Is the monitoring device a video surveillance camera?  Yes  No

If the monitoring device is a video surveillance camera, the camera should:

always be unobstructed.

be obstructed, under the following circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Do you/does the resident reside in a multi-person room?  Yes  No

This form may be signed only by the resident or the guardian or legal representative of the resident, as provided in the Texas Health and Safety Code, §242.845, or Chapter 40, Texas Administrative Code (TAC), §92.129(d).

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

\_\_\_\_\_  
Date