LIO consent form

Please discuss each section below with the patient and save the paper version on the paper clinical records. You must also make a clinical entry on the EPR and ensure the LIO status is documented in the engagement and observation plan.

Your right to consent and personalise the use of LIO

Would you like to opt in to using LIO?

Yes / No *delete as appropriate

If no, LIO will not be used and all functions of the system will not be available.

If yes, do you consent to the following:

- Vital signs to be obtained during the day, only to obtain physical observations?
  Yes / No *delete as appropriate

- Vital sign function to be used for hourly observations during the night?
  Yes / No *delete as appropriate

- Activity reports/vital sign trend/sleep reports to be obtained?
  Yes / No *delete as appropriate

- Clear or anonymised video data to be retrieved if there is an incident?
  Yes / No *delete as appropriate
  We will always seek your consent before clear or anonymised video data is accessed or reviewed and will aim to follow your wishes. However, there may be times when there is a legal requirement to process existing footage without consent.

Registered nurse signature ……

Patient signature ……

Date of discussion ……