



**AUTHORIZATION AND
CONSENT FOR NICVIEW™
CAMERA SYSTEM**

Children's National Medical Center (Children's National) is pleased to offer parents of newborns within the Neonatal Intensive Care Unit (NICU) the opportunity to view your baby with the NicView™ camera system as we understand the importance of bonding with your baby and putting your mind at ease when you cannot be at the bedside. The NicView™ camera system is a live, streaming video web application that allows you to see your baby from anywhere through a secure online portal.

I understand the following about the use of the NicView™ camera system (**please initial agreement for each statement below**):

- _____ The purpose of the NicView™ camera is to view my baby. I will not be able to view my baby during medical procedures, care assessments or when technical problems occur with the NicView™ camera or software. Children's National and the medical team have the right to turn off the NicView™ camera at such times Children's National or the medical team determines necessary.
- _____ I am responsible for the user name and password provided to me for access to my infant's video. No other users will have access to my baby's video unless I give them the username and password.
- _____ Internet access is needed to view my baby with the NicView™ camera. Children's National is not responsible for providing me with an internet access device or internet service.
- _____ Information will only be gathered related to use of the NicView™ camera (i.e. number of log-ins and timing of log-ins) and no patient identifiable information will be collected. The information will be available to Children's National and to NATUS Medical INC, the NicView™ system owner.
- _____ NATUS is responsible for any technical problems (i.e. issues with camera angle, image quality, etc.) with the camera. I have been given an information sheet with the company's support email address and phone number. The information is available in Spanish.
- _____ I understand that the bedside nurse and medical staff do not manage the camera and cannot answer any questions related to the use of the camera and I will be redirected to contact NATUS.
- _____ I will refrain from using any part of the NicView™ live streaming video on social media (i.e. *Facebook*, *Twitter*, etc.). Screenshots, pictures and recordings of any NicView™ streaming image(s) are not allowed.
- _____ I may request to stop the live, streaming video at any time by notifying my infant's bedside nurse.
- _____ I understand that my access to and use of the NicView™ system may be revoked at any time if my actions disrupt medical care being provided to my baby.
- _____ I have a right to a copy of this Authorization and Consent form in my preferred language.
- _____ A medical interpreter - face to face, video or telephone was used in reviewing this consent with me.





**AUTHORIZATION AND
CONSENT FOR NICVIEW™
CAMERA SYSTEM**

_____ This Authorization and Consent form expires when my baby is discharged or transferred from the Children's National NICU.

_____ Using the NicView™ system is optional and I release the Children's National and its staff from any and all legal responsibility and/or liability for the access and release of my information to the extent indicated and authorized herein.

_____ I understand that once the above-described information is disclosed, it may no longer be protected by privacy laws.

_____ I am not required to sign this Authorization and Consent. I understand that my refusal to sign this Authorization and Consent will not deny treatment for my baby. Children's National will not impact treatment, payment enrollment or eligibility for benefits on my signing the consent.

Opt-out of using NicView™

I, _____, the parent/legal guardian of baby _____, hereby give my permission and authorize Children's National NICU to activate the NicView™ camera system, so that I can view my infant during the hospital stay.

Signature of Parent/Legal Guardian Print Name Date Time

Signature of Person Witnessing Consent Print Name Date Time

Physician/Staff Signature Print Name Date Time

Log-in credentials printed/given to parent:

1. _____
Date Time Parent Initials UCA Initials

2. _____
Date Time Parent Initials UCA Initials



-INFC-