Simulation Center
Confidentiality Agreement

As a nursing student at the Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences, I will participate in simulations. I understand that the content of these simulations is to be kept confidential to maintain the integrity of the learning experience for myself and my fellow students. I also understand that in working side by side with my fellow students, I will be witnessing their performance. It is unethical for me to share information in any format (verbal, written, electronic) regarding student performance with persons outside the laboratory or classroom.

I acknowledge that I fully understand that the unauthorized release, inappropriate exchange, or mishandling of confidential information is prohibited, and serious consequences may occur if I violate this agreement. I will practice the Helen and Arthur E. Johnson Beth-El College of Nursing standards of professional behavior including core values of caring, human dignity and trust.

Student signature: ____________________________

Date: ________________________________