



Confidentiality Agreement & Video Recording Consent Form

During your participation in the Jo Ann Bingham Clinical Simulation Center you may be required to be an active participant or an observer in a simulated scenario.

Initial beside each statement and sign and date the bottom:

By signing this agreement and consent, you agree to the following statements:

_____ I have reviewed and am responsible for following the Confidentiality and Video Recording Policy at the JBCSC.

_____ I agree to maintain the confidentiality of all details of the scenarios, participants and performance of all participants. I will uphold all requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws requiring confidentiality in simulation as I would in the clinical setting.

_____ I agree to be photographed and video recorded using the AV software in the JBCSC or video conferencing applications if applicable.

_____ I understand that personal video recording, sound-recording or pictures of simulation activities or debriefing is restricted.

_____ I understand professional dress is required for all simulation activities, including virtual.

_____ I agree to treat the JBCSC's property, including patient simulators with respect as if they are live patients. I agree that no betadine, ink pens, or markers will be placed near the patient simulators. If I am required to start an IV, I agree that only a 20g needle or smaller may be used. I agree to always wear appropriate personal protective equipment.

_____ I will maintain other's confidentiality by ensuring that I am in a private space when participating in virtual simulation activities. Observers, including other students, family members and young children, will not be within sight or sound of device used for the simulation activity.

_____ Participant: I authorize the JBCSC to use the video and photographs at its discretion for purposes including, but not limited to debriefing, instructor review, and/or education and research. Video recordings are purged within 2 years of student graduation.

Signature

Date

Printed Name

(School or Employer Name)