

# CONFIDENTIALITY OF INFORMATION

SHAWNEE STATE UNIVERSITY SIMULATION LAB

---

PRINT NAME

STUDENT ID

During your experiences in the Simulation Lab you will observe the performance of other individuals managing healthcare events. As a participant in these activities, in whatever role, you are asked to maintain and hold confidential all information regarding the performance of specific individuals and the details of the specific scenarios.

By signing below, you acknowledge to having read and understood this statement and agree to maintain the strictest confidentiality about any observations you make and details of the scenarios.

---

SIGNATURE

DATE

## Video recording and photography

Simulation sessions may be recorded for the purposes of debriefing, feedback, internal review and/or quality improvement. These recordings are only viewable in the SOMC Simulation Lab. All recordings will be deleted in 30 days unless written permission is obtained to utilize the recording for another purpose such as research or teaching or as required by law. Should any photography be taken during the session written permission prior to the session is required.

By signing below, you acknowledge that you will be under video surveillance during engagement in simulated patient care scenarios.

---

SIGNATURE

DATE

Addendum to 2019-2020 Student Handbook

Approved: 10-16-2020