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Clinical Simulation and Learning Center

Confidentiality Agreement and Consent to Video

As a participant or observer in simulated clinical experiences I understand and agree that information regarding simulated patients is to be treated as actual patients' information in the clinical setting. Therefore, I will adhere to the Health Insurance Portability and Accountability Act (HIPAA). I will also report any violations of confidentiality to my simulation facilitator or course faculty. I understand that this is a learning environment and that disclosure of confidential information is a breach in the professional nurse code of conduct and it impacts the learning of future students.

_____ I agree to maintain strict confidentiality about details of the scenarios, participants, and performance of any participant.

_____ I authorize the use of video to record my performance during simulated clinical experiences.

_____ I authorize the UK CON faculty and/or staff to use the video recordings for faculty review, public relations, advertisement, promotional, and/or fundraising activities.

Signature

Date

Printed Name

see blue.

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