



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