



BSU School of Nursing Simulation Lab

Student Confidentiality Agreement And Photo Permission

I understand each simulation program using high-fidelity simulators may be videotaped for educational purposes.

I agree NOT to discuss any simulation program, situation or event with ANYONE else other than the actual group participants.

I acknowledge that sharing information with others outside the participant group is a breach of confidentiality.

I also hereby grant the School of Nursing permission to take photographs of me and utilize them for any purpose they may deem proper. I understand that the School of Nursing cannot be responsible for images or comments being duplicated.

Printed name

Signature

date