Student Confidentiality Agreement

Student Name: ___________________________________________________

Student Number: _________________________________________________

The discussions, uses and disclosures addressed by this agreement refer to any written, verbal or electronic communications of an individual’s or family’s personal health information. Personal health information refers to any information about an “individual’s physical or mental health and/or information gathered in the course of providing a health service. It includes information gathered to register individuals for a service and it includes the health services number on the health card” (HIPA, 2003). Examples of personal health information include:

- a medical record held by a physician
- a patient record held by a hospital
- registration information held by the Department of Health to register individuals for insured services
- information about lab tests being performed for an individual
- records of prescriptions filled by a pharmacist (HIPA, 2003)

The disclosure of personal health information may only occur on a need-to-know basis. I understand that I am never to discuss or review any information regarding a client at a clinical agency unless the discussion or review is part of my assignment. I cannot disclose any information about a client to other persons (e.g. visitors, other patients, and family members). I understand that I am obligated to know and adhere to the privacy and confidentiality policies and procedures of the clinical agency to which I am assigned.

I understand that I **must not use any electronic devices or social media** including cell phones (camera and recorder), e-mails, webcasts, blogs, Facebook, etc., cameras and video recorders to convey or retain information related to clients, staff, peers and my experience. Cell phones may be used during a clinical placement for learning purposes only and for duties related to the clinical placement.

I understand that I may not remove or duplicate any record from the clinical agency without the written authorization of the site. Additionally, I understand that, before I use or disclose client information in a learning experience, classroom, case presentation, class assignment or research, I must attempt to exclude as much of the personal health information as possible.
Examples:

- Names (client and significant others)
- Geographical subdivisions smaller than a province
- Date of birth, admission, discharge, and death
- All ages over 95 years
- Contact information
- Social insurance numbers
- Medical record numbers
- Health plan beneficiary numbers (e.g. Blue Cross, Saskatchewan Health Services)
- Certificate/license numbers (e.g. driver’s license, disabilities)
- Vehicle identifiers
- Web locators (URLs)
- Internet protocol addresses
- Distinctive biometric identifiers (height, weight, BMI) except where this information is relevant for learning purposes.
- Photographs (sharing/posting to internal/external communication devices)
- Any other unique identifying number, characteristic, or code

I understand that I may share care related information about the clients with appropriate staff and my faculty. This includes conferences and discussions with my faculty and peers in the clinical group.

I understand that I must promptly report to the Nursing Faculty member any violation of this confidentiality agreement and the clinical placement agency privacy and confidentiality policies and procedures.

Finally, I understand that, if I violate privacy and confidentiality policies and procedures of the BSN Program and the clinical agency including this agreement, I will be subject to disciplinary action.

By signing this agreement, I certify that I have read and understand its terms, and will comply with them.

**Student printed name:** ______________________________________________

**Student signature:** ________________________________________________

**Witness printed name:** _____________________________________________

**Witness signature:** ________________________________________________

**Date:** __________________________________________________________

Updated 2017-11-02