



Bolivar Technical College

Confidentiality Form

I. INTERNET/COMPUTER USAGE POLICY

I, _____, have received a written copy of Bolivar Technical College's Internet/Computer usage policy. I fully understand the terms of this policy and agree to abide by them. I realize that the school's security software may record for the administration's use the Internet address of any site that I visit and keep a record of any network activity in which I transmit or receive any kind of file. I acknowledge that any message I send or receive will be recorded and stored in an archive file for management use. I know that any violation of this policy could lead to dismissal or even criminal prosecution.

Initial

II. STATEMENT OF CONFIDENTIALITY

All patient/client information is strictly confidential and is not to be shared with anyone as stated in the HIPPA Privacy Policy. Information discussed in pre and post conference is also confidential, and therefore, must not be shared or discussed outside of the clinical setting.

Any breach in confidentiality could result in immediate termination of the student, and legal action could be pursued from the injured party. Bolivar Technical College maintains that all experiences, information and data obtained from clinical rotations are **STRICTLY** confidential. No violation of confidentiality will be tolerated.

I agree to indemnify and hold Bolivar Technical College harmless for any civil liability it incurs as a result of my disclosure of patient/client information.

Initial

III. SKILLS LAB AND SIMULATION CONFIDENTIALITY RELEASE FORM (IF APPLICABLE)

Certain components of the healthcare related programs require physical examination and hands on training involving other students and faculty. Part of this training may involve touching and feeling the student or faculty member, practicing intravenous (IV) procedures, injections, bathing, cleansing, and other medical training procedures.

During your participation in nursing courses at Bolivar Technical College, you will likely be an observer of the performance of other individuals in managing medical events. It is also possible you will be a participant in these activities. Due to the unique aspects of this form of training, **you are expected to maintain and hold confidential all information regarding the performance of specific individuals and the details of the specific simulation scenarios. ALL information, related to lab and/or simulations, is not to be shared with any other students who were NOT a part of a specific session.**

Initial

I have read all of the above and agree to the terms under the confidentiality of information.

Name (Printed)

Student Signature

Date

Program