

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: _____