



Confidentiality Agreement

Touro University is committed to having the evaluation process of simulation performances directed towards helping students achieve professional and personal growth as healthcare professionals. Our goal is to provide simulation experiences that will advance the quality and safety of the care students provide to patients and increase students' confidence and competence as healthcare providers.

Scenarios, simulated patients, debriefings, and other simulation activities are planned and structured as safe learning opportunities for learners and educators. Activities may be audio, video, or digitally recorded for educational purposes. Participants may be actively involved in the scenario or function as observers. Participants include anyone involved in or observers of simulation activity (e.g., students, learners, educators, instructors, faculty, staff, vendors, other guests, or observers).

ALL SIMULATION ACTIVITIES AT TOURO UNIVERSITY ARE CONSIDERED CONFIDENTIAL, WHETHER ELECTRONIC, WRITTEN, VERBAL, OBSERVED, OR OVERHEARD, AND MAY NOT BE DISCLOSED OR DISCUSSED OUTSIDE OF THE SIMULATION ENVIRONMENT.

Confidentiality of simulation activities is intended to ensure academic integrity, healthcare quality and patient safety, student and personal privacy, and professionalism, as well as to conform to various state and federal laws regulating healthcare, the healthcare professions, patient protection, education records, sponsored research, and intellectual property and trade secrets rights.

Sharing scenario experiences by Touro University students with fellow learners outside of the simulation lab will be considered misconduct and subject to disciplinary action. Any other inappropriate sharing, posting to social media, discussion, recording, reproducing, revealing, or disclosure of simulation activity, whether by Touro University students or other Participants, is a violation of Touro University policy, and may be grounds for disciplinary and/or legal action.

The only exceptions to when information regarding simulation activities may be divulged are (1) upon express, written approval by the Simulation Director, (2) in the furtherance of an internal Touro investigation, or (3) by order of a Court of competent authority.



Participants are obligated to report any violations of this Agreement to the Simulation Director for Clinical Simulation and Objective Structured Clinical Examination ("OSCE") areas.

Your signature below acknowledges that you have read, consent to, and fully understand the implications of this Agreement and agree to maintain the strictest confidentiality about simulation activities in which you participate. Further, you understand that a violation of confidentiality is strictly prohibited, and serious consequence(s) will occur if you violate the Agreement. You also agree to report any violations of this Agreement.

Print Name: _____

Date: _____

Signature: _____

➤ **Touro University STUDENTS:**

Graduating Year: _____

Student ID: T #: _____

➤ **Touro University FACULTY/STAFF/SP:**

T #: _____

➤ **VENDORS / GUESTS / NON-TOURO UNIVERSITY STUDENTS:**

Organization: _____