



NORTHERN MICHIGAN UNIVERSITY
SCHOOL OF NURSING

**Northern Michigan University Simulation Lab Confidentiality
Agreement and Notice of Audio/Visual Recording**

Simulation is utilized for learning experiences in many courses in the School of Nursing. Students in the NMU School of Nursing will read and sign the Simulation Confidentiality Agreement and Notice of Audio/visual recording at the beginning of their nursing program, or as requested by their instructors or by simulation lab staff. This form will be kept on file in the NMU Simulation Lab. Any questions regarding Simulation Lab policies may be directed to:

Julie Dobson - jdobson@nmu.edu
Kristen Smith - krsmith@nmu.edu
Jaime Crabb - jcrabb@nmu.edu

Simulation Confidentiality Agreement

I agree to keep all information regarding and surrounding the clinical simulation(s) in which I participate confidential until such time that all students in my current class have completed the simulation(s). I agree not to discuss the simulation in any way with any student of the School of Nursing until she/he has completed the simulation(s).

Signature _____ Date _____

Notice of Video/Audio Recording

I understand that audio/visual cameras are in use continuously in each simulation lab room and that I am being recorded during simulation experiences. I understand that the recording may be used for educational purposes only and the recording will be destroyed 30 days after my experience.

Signature _____ Date _____