

COLLABORATIVE BScN PROGRAM

CONFIDENTIALITY OF INFORMATION

I, _____ recognize and will adhere to the values inherent in the *Ethical Framework* from the College of Nurses of Ontario and the objectives established by the Collaborative BScN Program.

I understand that during my placement, I may have access to confidential information and must not discuss or abuse this information in any way. I agree that, except as legally required, I will not disclose or give to any person any information or document that comes to my knowledge or possession as a consequence of my clinical or community experience. I understand that should there be a breach of confidentiality, that my clinical placement may be suspended immediately pending an investigation. If I am responsible for a breach of confidentiality, the placement may be terminated, in which case I will receive an “F” or “U” grade.

Your signature below indicates your acceptance of this condition.

Signature of Nursing Student

Date

Protection of privacy

The information on this form is collected under the authority of the Nipissing University Act, 1992. It is related directly to and needed by the University to support your request for a Clinical Placement. The information will be used to ensure the privacy of clients and will be disclosed to BScN faculty and staff. If you have any questions about the collection, use, and disclosure of this information please contact the Nursing Program Office, Nipissing University, 100 College Drive, North Bay, ON P1B 8L7, (705) 474-3461 ext. 4567.