



Scholar Practitioner 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 BScN Scholar Practitioner 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