



**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 Nipissing University 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 and “F” or “U” grade.

Your signature below indicates your acceptance of this condition.

\_\_\_\_\_  
Signature of Nursing Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian for students under 18 years old

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Date

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