



Video Record Use and Confidentiality Agreement for Simulation Lab

Platt College offers high fidelity simulation, which provide student centered learning opportunities. A digital recording system designed specifically for documenting simulation is used to enhance the post-simulation debriefing experience and facilitate fair, accurate assessment of student performance. Platt College requires nursing students give consent to the use of audio and video recordings of their individual or group performances in simulation sessions for educational purposes.

_____ I agree to maintain strict confidentiality about the details of the scenarios and performance of any participant(s). Failure to maintain confidentiality will be considered a violation of the Health Insurance Portability and Accountability Act (HIPAA) and will result in failure of that clinical day.

_____ I agree to adhere to professional behaviors as defined in Policy 02:20:00.

_____ I authorize Platt College Simulation Lab to audio and video record my performance during simulation experience.

_____ I understand that video records will be used for educational purposes. Educational purposes include providing feedback to students to improve their performance, formally assessing student achievement and/or competency, evaluating and improving college or program curriculum, evaluating and improving our teaching and assessment processes using human and non-human simulations, grievances and scholarly purposes.

_____ I understand that before video records are used for any other purpose, and there is a recognizable image of a student, faculty, or standardized patient, written permission of those individuals will be obtained prior to the use of any such images. This permission will stipulate the specific use(s) of the video records, including duration of use. The individual(s) reserves the right to agree or disagree to its use with or without stipulations. Such stipulations may include limitation to specified use(s). All stipulations will be documented in the consent. Even after such consent has been granted, individuals retain the right to revoke their consent at any time.

_____ I understand that video recordings are maintained on a private network server. Video recordings are accessible only with the password specific to that record.

_____ I understand Platt College will not release or make publicly available any recordings or portions of recordings made during any simulation session. All video recording viewing is limited to individuals with a legitimate educational need.

_____ I understand that the audio/video recordings may be permanently deleted at the discretion of Platt College.

Print Student Name

Date

Student Signature