

CONFIDENTIALITY OF INFORMATION

During your participation in the Loyola University New Orleans School of Nursing Simulation Lab, you may observe the performance of other individuals managing medical events and debriefing of those events. It is also possible that you may be a participant in these activities. You are asked to maintain and hold confidential all information regarding performance of individuals and details of the simulated cases.

By signing below, I acknowledge having read and understood this statement and agree to maintain the strictest confidentiality about any observations I make regarding the performance of individuals and the content of simulated cases.

Name: \_\_\_\_\_

CWID: \_\_\_\_\_

Date: \_\_\_\_\_