



MAILING ADDRESS
12666-72 Ave, Surrey, BC
Canada V3W 2M8

**Professional Studies
Faculty of Health
Consolidated Clinical Course (PNUR 9130)**

CONFIDENTIALITY AGREEMENT

I, _____, (print name) a student in the Consolidated Clinical Course (PNUR 9130) in Professional Studies at Kwantlen Polytechnic University, recognize that the information I learn about people during my experiences in the Consolidated Clinical Course is privileged information.

I understand that it is unethical to discuss this information outside of the structured learning environment. I will use discretion to keep this information confidential and to safeguard the privacy of the individuals and families who share their experiences with me for my learning purposes. I have read and understand my the student responsibilities outlined on Student Practice Education's Privacy and Confidentiality Guidelines <https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:86c364b7-614b-497e-85e2-744b5d3b54f3>

I acknowledge that a breach of confidentiality related to this privileged information can have serious consequences for the individuals affected and myself.

I understand that a breach of confidentiality violates the Code of Ethics of the nursing profession and that, if I violate this code, the Director of Professional Studies has the right to review my suitability to continue in the Consolidated Clinical course.

Signature: _____

Name: _____

Date: _____