

<b>UT Health Science Center: SIM100 Sim Confidentiality Policy</b>	
<b>Version 1</b>	<b>Publication Date: 05/27/2022</b>

**Appendix A**

**UTHSC Simulation Program**

**Confidentiality Agreement**

By my signature below I agree to and understand that all simulation activities conducted by The University of Tennessee Health Science Center (UTHSC), Simulation Program, are CONFIDENTIAL and may not be disclosed or discussed outside of the simulation environment. These simulation activities include, but are not limited to, simulated clinical scenarios, standardized patient experiences, simulated task training, debriefing and discussions. I understand that Simulation activities are subject to state and federal laws regulating healthcare, the healthcare professions, education records, patient protection and quality improvement, sponsored research, and intellectual property and trade secrets rights. All participants in the simulation (learners, instructors, faculty, facilitators, staff, or observers) are required to maintain confidentiality unless otherwise ordered by a Court of competent jurisdiction. I understand and agree that divulging any such information, by any means (including, but not limited to verbal discussions, voice or video recording, , social media posting, state administrative proceedings, direct or indirect discovery by subpoena or other non-judicial evidentiary proceeding) without express written permission of the Course Director or Executive Director of Healthcare Simulation, constitutes a violation of Policy and this Agreement and may result in disciplinary, Honor Code, professionalism committee, and/or legal action.

As a Participant in the UTHSC Simulation Program, I understand the significance of and will abide by the confidentiality obligations in this Agreement. I agree to report any violations of confidentiality to the UTHSC Simulation Program via email at [simulate@uthsc.edu](mailto:simulate@uthsc.edu).

\_\_\_\_\_  
 Signature of Participant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Participant

\_\_\_\_\_  
 Department or Academic Program