



# OKLAHOMA CITY

## Nurse Science Student Handbook Attestation

I understand that the Oklahoma State University - Oklahoma City Nurse Science Student Handbook is available to me on the Oklahoma State University - Oklahoma City website. I understand that I have the responsibility to read and adhere to the policies contained in this handbook and any updated policies posted on the Oklahoma State University - Oklahoma City web page during my nursing education at Oklahoma State University - Oklahoma City.

Web resource for Nurse Science Policy updates: <https://osuokc.edu/nursing/policies>.

STUDENT NAME (print): \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

## Oath of Confidentiality

I understand that any patient/family/simulation information to which I have access, either through records, direct client contact, or caregiver/student conferences, is privileged and shall be held in strict confidence. I will not access information concerning any patient in whose care I am not directly involved.

I will ensure the privacy of all information by documenting only on appropriate procedural forms which will be kept secure according to agency policy. When such information is included in written assignments, I will ensure that the information is written in such a way as to prevent any connection with specific patients/families.

I further agree to abide by all policies and procedures of the agency to which I am assigned, with utmost concern for the privacy, security, and well-being of the patients/families I am privileged to visit. If I am found to be in violation of the above confidentiality requirements, disciplinary action by the facility and/or the Oklahoma State University - Oklahoma City Nurse Science Department may result. I certify by my signature below that I have read and agree to the above requirements regarding client/family information.

STUDENT NAME (print): \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_



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## Release of Information

This form is an authorization to release the student's clinical requirement information to healthcare clinical facilities with which Oklahoma State University-Oklahoma City has a clinical contract or agreement. This release will be in effect until the student's last clinical date in the Nurse Science Program.

The information release includes:

- Name
- Immunization records
- TB skin test or chest X-ray results
- Date of Basic Life Support/Healthcare Provider course
- Background Check, criminal, and sex offender reports
- Results of drug screen

You will be notified if you are denied participation in the clinical rotation by the healthcare facility due to content in the information release.

Clinical facility contract settlement:

"In the event such authorization and release are not given by the student, the student shall be disqualified from participation at the clinical facility. The results of the clinical requirement information must be satisfactory to the healthcare clinical facility."

I hereby authorize Oklahoma State University-Oklahoma City Nurse Science Department to release the information above to the healthcare facilities for clinical rotations.

STUDENT NAME (print): \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_



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## Authorization for Photography and Recording of Simulation Sessions

I hereby grant to Oklahoma State University - Oklahoma City and its legal representatives and assigns, the irrevocable and unrestricted rights to photograph and record clinical labs and simulation sessions throughout my enrollment in the college and to use the photographs or recordings in the review and evaluation of the performance of the clinical groups and individuals. In addition, I give permission for use of this recording in the education of current and future faculty, staff, and students on the implementation of labs and simulation in clinical education, with the understanding that these recordings will not be used for presentations outside Oklahoma State University - Oklahoma City without the express consent of the participants. I hereby release Oklahoma State University - Oklahoma City and its legal representatives and assigns from all claims and liability relating to the use of these photographs and recordings.

STUDENT NAME (print): \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_



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## OSU-OKC Agreement for Simulation/Lab

As a patron of the Simulation Lab, I understand the significance of confidentiality with respect to information concerning simulated patient experiences and fellow students. I will uphold the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws requiring confidentiality. I agree to report any violations of confidentiality that I become aware of to my facilitator or instructor.

I agree to adhere to the following guidelines:

- All patient information is confidential and any inappropriate viewing, discussing, or disclosure of this information is a violation of the Oklahoma State University - Oklahoma City Nursing Program Oath of Confidentiality.
- This information is privileged and confidential regardless of the format: electronic, written, overheard, or observed.
- I may use, disclose, or copy information only as it relates to the performance of my educational duties. Any inappropriate viewing, discussion, or disclosure of this information is a violation of policy and may be a violation of HIPAA.
- No food, drinks, gum, ink, or bags are allowed in the simulation center.
- The simulation center is a learning environment. All scenarios, regardless of their outcome, should be treated in a professional manner. Professional behavior and respect are expected toward the patient in the scenario, students, and faculty. Simulated patient care experiences are to be used as a learning tool and not to be used for humiliation of fellow students.
- The simulation manikins are to be used with respect and be treated as if they were live patients.
- Always support the head when moving or turning the simulator manikin.
- No written material, electronic material, or parts of the manikins are to be removed from the lab.
- No hospital supplies (medications, needles, linens, etc.) are to be removed from the lab.
- Pens, markers, and other permanent writing instruments are NOT allowed in the simulation lab except where designated (i.e., whiteboard dry erase markers). Please leave these things with your belongings. These items will permanently stain the skin of the simulator manikin. Pencils are used for documentation purposes but are not to be used directly on the simulator.
- Nothing other than the supplied lubrication spray is to be used to lubricate equipment.
- Complete/review any preparation materials that your instructor has provided prior to the start of the simulation
- I will be on time for all labs/simulations.

I have read the above listed expectations and agree to always follow them when using the simulator manikin.

Non-adherence to these expectations may constitute dismissal from the simulation lab. I further understand that any such dismissal can be appealed pursuant to the OSU OKC Academic Discipline, Procedures and Grievances outlined in Section IV Subsection D of the Academic Dishonesty or Misconduct policy, available under Section II of the [Student Code of Conduct](#).

STUDENT NAME (print): \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_