

Lake Superior College
Allied Health & Nursing Division

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**Confidentiality of Information
with Audiovisual Digital Recording**

Print Name

Date

During your participation in Allied Health & Nursing courses at Lake Superior College, you will likely be an observer of the performance of other individuals in managing medical events. It is also possible that you will be a participant in these activities. Due to the unique aspects of this form of training, **you are asked to maintain and hold confidential all information** regarding the performance of specific individuals and the details of specific scenarios.

By signing below, you acknowledge to having read and understood this statement and agree to maintain the strictest confidentiality about any observations you may make about the performance of individuals and the simulation scenarios.

Audiovisual Digital Recording

I am hereby informed that there may be audiovisual digital recording in room in Lake Superior College. I consent to audiovisual digital recording during my Allied Health & Nursing courses. I understand that, unless authorized by me, I will not be specifically identified and that the recordings will be shown only for educational, research, or administration purposes. No commercial use of the audiovisual recordings will be made without my written permission.

I have read all of the above and agree to the terms under confidentiality of information and audiovisual digital recording.

Signature

Date