

*We believe that everyone participating in the Center for Nursing Education, Simulation and Innovation at Frances Payne Bolton School of Nursing is a valuable member of our team; committed to lifelong learning, striving for excellence, respectful of their peers, and committed to creating an environment that is supportive of diversity.*

**Confidentiality Statement**

I agree to keep this lab simulation confidential. I will not discuss the content, scenario, the skills performed, or debrief with others in any setting. I understand that this confidentiality agreement is to preserve the educational opportunity for myself and other students. I enter into the agreement willingly so that I do not jeopardize the learning opportunity for those that will participate in now and in the future.

Initials   **JL**  

**Fiction Contract**

Singing this fiction contract is an agreement to suspend disbelief. I promise to treat this simulation as if it was a true clinical event, as if I was caring for a patient in a real life scenario.

Initials   **JL**  

**Professional Integrity**

Discussion the scenario, acting out of character, purposefully negating actions during the scenario, or any other behavior deemed by the facilitator(s) and technicians to be disruptive to the process will be considered unprofessional behavior. You may be removed from the simulation without the opportunity to complete the activity. Furthermore, the use of personal electronic equipment during simulation is prohibited.

Initials   **JL**  

**Media Release**

I give Case Western Reserve University, its assigns, licenses, and representatives the worldwide, perpetual and irrevocable right to create recordings of my image (including my picture, portrait, or photograph), likeness, and/or voice (hereby referred to as "recordings") for the purpose of a required simulated patient experience which will be used for the purpose of debriefing and student reflected which is a requirement for this course. I agree the recordings may take the form of photographs, films, videos, and audio tapes, CD-ROMs, DVDs, digital files, or any other media.

I further authorize Case Western Reserve to protect these recordings for class purposes only and to exhibit or distribute such recording in whole or in part with restriction and limitation to the individual students and faculty associated with this course for educational purposes only related to the need for debriefing, reflection, and/or evaluation.

I understand that these recordings will not be used outside the classroom and will not be used in any public setting. I also understand that these video recordings will be destroyed at the end of my course.

I hereby release and discharge Case Western Reserve University, as well as their trustees, officers, employees, and representatives from any and all claims and demands arising out of or in connection with the use of the recordings within the above limitations.

I further acknowledge that I will not be compensated for any uses made of the recordings. I also waive any rights of privacy in the recordings, including, but not limited to any rights that might otherwise be protected by the Family Educational Rights and Privacy Act.

I have had the opportunity to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to the Release and Waiver. I represent that I am eighteen (18) years of age or older.

Initials   **JL**

Printed Name: Samuel Lee Date: 8/30/2023

Signature:  Initials: JL