



**CENTRA**

Central Virginia Center for  
Simulation & Virtual Learning

**ATTACHMENT TITLE:** Confidentiality and Video Recording Agreement and Consent

**DATE:** 9/7/2020

**OWNER:** Johanna Derrenbacker

**DEFINITIONS:** None

**ATTACHMENT CONTENT:** See next page



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Central Virginia Center for  
Simulation & Virtual Learning

### **Confidentiality and Video Recording Agreement and Consent**

During your participation in the Central Virginia Center for Simulation and Virtual Learning (VLC), you may be required to be an active participant or an observer in a simulated scenario.

#### **Initial beside each statement and sign and date the bottom:**

By signing this agreement and consent, you agree to the following statements:

\_\_\_\_\_ I have reviewed and am responsible for all Policies and Procedures for the VLC found on the following website: [www.centrahealth.com/policies-and-procedures-0](http://www.centrahealth.com/policies-and-procedures-0)

\_\_\_\_\_ I agree to maintain the confidentiality of all details of the scenarios, participants and performance of all participants. I will uphold all requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws requiring confidentiality in simulation as I would in the clinical setting.

\_\_\_\_\_ I agree to be videotaped using video conferencing applications.

\_\_\_\_\_ I understand that personal video recording, sound recording, or pictures of simulation activities or debriefing is restricted.

\_\_\_\_\_ I understand professional dress is required for all virtual simulation activities.

\_\_\_\_\_ I will maintain other's confidentiality by ensuring that I am in a private space when participating in virtual simulation activities. Observers, including other students, family members and young children, will not be within sight or sound of device used for the simulation activity.

#### **This consent applies to my participation as a (select and initial one choice):**

\_\_\_\_\_ Student or Non-Centra Employee:

I authorize Centra to use the video and photographs at its discretion for purposes including, but not limited to debriefing, instructor review, and/or educational and research. I understand that videos not being used for the purposes listed above will be deleted from internal servers on a regular basis.

\_\_\_\_\_ Centra Employee:

I understand that videos and photographs will not be used against me during job performance evaluation and that all videos recorded during my simulation activity will be deleted at the end of the day.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date