

**MINNESOTA STATE UNIVERSITY, MANKATO**  
**SCHOOL OF NURSING**

**NURSING STUDENT CONFIDENTIALITY AGREEMENT**

I understand that I may have access to confidential patient information and confidential information about the business and financial interests of the clinical facilities where I care for patients. I understand that Confidential Information is protected in every form, such as written and/or electronic records and correspondence, oral communications, and computer programs and applications.

I agree to comply with all existing and future policies and procedures of the clinical agencies to protect the confidentiality of Confidential Information. I agree not to share confidential information through electronic means such as texting, Facebook.com, or Twitter.com. I agree not to use, copy, make notes regarding, remove, release, or disclose Confidential Information with another individual.

I agree not to share or release any authentication code or device, password, key card, or identification badge to any other person, and I agree not to use or release anyone else's authentication code or device, password, key card, or identification badge. I agree not to allow any other person, except those authorized by the clinical agency, to have access to the clinical agency information systems under my authentication code or device, password, key card, or identification badge. I agree to notify the appropriate administrator immediately if I become aware that another person has access to my authentication code or device, password, key card, or identification badge, or otherwise has unauthorized access to the clinical agency's information system or records.

I agree that my obligations under this Agreement continue after my role as a student ends.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_