



**MAILING ADDRESS**  
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**Professional Studies  
Faculty of Health  
Consolidated Clinical Course (PNUR 9130)  
CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, (print name) a student in the Consolidated Clinical Course (PNUR 1130) in Professional Studies at Kwantlen Polytechnic University, recognize that the information I learn about people during my experiences in the Consolidated Clinical Course is privileged information.

I understand that it is unethical to discuss this information outside of the structured learning environment. I will use discretion to keep this information confidential and to safeguard the privacy of the individuals and families who share their experiences with me for my learning purposes.

I acknowledge that a breach of confidentiality related to this privileged information can have serious consequences for the individuals affected and myself.

I understand that a breach of confidentiality violates the Code of Ethics of the nursing profession and that, if I violate this code, the Director of Professional Studies has the right to review my suitability to continue in the Consolidated Clinical course.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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