

Universal Confidentiality Agreement

- I have read, understand and agree to comply with the Appalachian State University Department of Nursing Universal Confidentiality Policy.
- Further, I will read and comply with all University, and agency/facility policies and standards relative to confidentiality and information security.
- I understand and agree that violation of the Universal Confidentiality Policy may constitute grounds for corrective action up to and including loss of agency privileges, academic or employment suspension, or termination from the Nursing Department in accordance with applicable agency/facility, Department or University procedures, as set forth in the Policy.
- I also understand and agree that unauthorized release of confidential information may subject me to personal, civil, and/or criminal liability and legal penalties.
- I further understand that violation of this policy by any member of the University's student body, faculty or staff may constitute grounds for termination of the contractual relationship or other terms of affiliation between the University and the agency.

BSN

RN to BSN

MSN

Student from
other institution

Faculty

Staff

Visitor

Printed Name

Signature

Date