

Illinois State University  
Menonite College of Nursing  
*Statement of Confidentiality*

***Computer Systems:***

I understand that in the course of my enrollment at Menonite College of Nursing, I may be required to utilize the on-line computer system in order to fulfill my nursing student responsibilities. If this is required, I understand that the ID number and password issued to me will be a unique code that identifies me to the on-line computer system. All on-line entries that I make will reference my identity and I will be fully responsible for all such entries. Accordingly, I will maintain the confidentiality of my ID number and password and not reveal them to others. If at any time I feel that the confidentiality of my ID number or password has been compromised, I will contact my instructor immediately and request a new ID number and password. I further understand that any information I access from the on-line computer system is strictly confidential and to be used only in the performance of my necessary duties.

***Patient Medical Records and Information:***

I am aware, that unless specifically identified as part of my nursing student responsibilities, I am not authorized to discuss any information concerning a patients' personal data or medical condition except with other appropriate medical professionals. I am also responsible for ensuring discussions regarding patient information are held in appropriate locations with appropriate individuals.

***Social Media:***

I understand information posted on social networking web-sites should not provide any information that could reasonably identify patients cared for, contain degrading or embarrassing information about patients, be written in a disparaging manner, or contain photos or videos of patients care for or equipment used.

Any failure on my part to uphold University and other applicable policies and to maintain appropriate this confidentiality will be carefully reviewed and, if substantiated may result in disciplinary action and/or termination from the program.

\_\_\_\_\_ Date: \_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Name

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