SickKids LEARNING INSTITUTE

Simulation Program

Confidentiality Agreement and Consent for Audio, Visual and Photographic Recording

Please take a few moments to complete BOTH sides of this form.

Confidentiality Agreement (Paediatric Project ECHO Education Event)

During your participation in this simulated clinical experience, you will be both an active participant and an observer. Due to the unique aspects of this type of training, you will observe the performance of other individuals managing medical events. The purpose of this session is to train individuals to assess and improve their performance in these tasks. To do this, particularly challenging events may be created. In your role as participant in these activities, you are asked to maintain and hold confidential all information regarding the performance of specific individuals as well as the identity of those participating. The protection of information about the performance of individuals is critically important. If not maintained, individuals could be subjected to unwarranted and unfair criticism. This could undermine the goals and objectives of this Program.

We ask that you maintain confidential details about the specific scenarios.

By signing below, you acknowledge having read and understood the above statements and agree to maintain the strictest confidentiality of any observations you may make about the performance of individuals and simulation scenarios.

Name (printed clearly) _____ **Department** _____

Signature _____

Valid for Period of: _____ **to November 24, 2025**
Today's Date

Please turn over for Consent for Photography & Audio-Visual Recording

Consent for Photography & Audio Visual Recording

Please read before signing:

In the course of carrying out its teaching and administrative functions, The Hospital for Sick Children records, retains, uses, and ultimately disposes of personal information in accordance with its Privacy Policy. This personal information includes photographic images, including audio visual recordings.

Photographic images of learners are taken for the purposes of quality assurance, education and academic purposes. All photographic images will be stored in a secure place and will not be shared on any media sites.

At any time following the session, the learners may withdraw their consent and the photographic images will be destroyed/deleted.

I consent to having one or more of the following: (*please check all that apply, in this instance it is photography and video)*

☐ Photography (digitally or on film)

☐ Videotaping

☐ Audiotaping (voice recorded)

□ Other *(please specify)*: _____

☐ I **do not** consent to permitting photography and/or audio-visual recording during this simulation-enhanced educational session. I understand that if I refuse, it **will not** have a negative effect on my relations with The Hospital for Sick Children.

I understand, acknowledge and hereby waive any claim for payment arising from or any use made of the image, recording or information in relation to the above noted purposes.

Signature of Participant _____

Valid for Period of: _____ to November 24, 2025

Today's Date