



BLESSING-RIEMAN

College of Nursing & Health Sciences

STUDENT AFFIRMATION STATEMENT

_____ I understand that as a student, I am a member of a profession which places me in a position of confidence requiring the utmost discretion and professionalism to protect those with and for whom I work. I acknowledge that as a member of the nursing profession, I have a responsibility to act in a manner consistent with the essential attributes of the profession and I am required to report others who are not. In this regard:

_____ I agree to protect the privacy of faculty, peers, patients, and family members of patients by not inappropriately disclosing confidential information about faculty, peers, patient or their family members that is disclosed to me in my capacity as a BRCN student. In addition, I agree not to inappropriately disclose confidential information about my agency or institution that is disclosed to me in my capacity as a BRCN student. I will adhere to HIPAA guidelines.

_____ I agree that I will conduct myself in a manner that exhibits professional values and in accordance with the American Nurses Association (ANA) Code of Ethics for Nurses and Social Policy Statement

_____ I will maintain and uphold the Student Code of Conduct, ICARE standards, and academic integrity policy of BRCN and will not condone or participate in any activities of academic dishonesty including, but not limited to, plagiarism, cheating, stealing or copying another's assigned work, falsifying documents, or lying about any situation.

_____ I will not discuss or post any information about faculty, peers, patients, family members, or any clinical facility on any electronic venue (i.e. My Space, Facebook, Twitter, cell phones, etc.). Nor will I leave/save any patient, family, faculty, clinical facility or student information on any open access desktop or hard-drive or portable electronic device.

Student's Printed Name _____ Date _____

Student/CAMS's ID # _____