**Contract of Social Media Conduct**

As a condition of my acceptance to The Valley Foundation School of Nursing (TVFSON), I agree to comply with all state, local, and federal requirements governing the privacy of information. I have read and understood TVFSON’s Social Media Policy. In addition, this policy is available in the latest online copy of the Nursing Student Handbook. I am aware that this policy applies to all students enrolled in TVFSON programs (i.e., BSN, RN-to-BSN, Masters, FNP, and DNP). I agree to uphold all HIPAA and other privacy requirements while enrolled in The Valley Foundation School of Nursing program.

I understand that I am bound to comply with all privacy requirements both in the classroom and the clinical environments, which include my personal and online conversations with family, friends, and peers. I will be held accountable for maintaining the privacy of any information that I obtain, see, or am given during my clinical rotations, as well as in other settings. I agree not to discuss or post comments, videos, pictures, etc. Additionally, I agree not to discuss/post any comments, video, pictures of clinical/simulation experience(s) or refer to any information regarding my experiences with the clinical agency, its staff, or patients on any social media sites. Faculty may give additional directions to students about the policies for Canvas® assignments. For any concerns or clarification, I will consult with the TVFSON faculty.

TVFSON administration may conduct periodic Internet searches for any breach of privacy policies. If any violations are discovered, I will likely be prohibited from returning to the classroom and /or the clinical site. Such a violation may also result in a delay in completing my degree requirements or may result in further disciplinary action by the School and /or the University.

My signature below, confirms my having read and reviewed the School of Nursing’s Social Media Policy and possible consequences.

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

Student Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SJSU Student ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student (if electronic, please type) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Semester Level \_\_\_\_\_\_\_\_

Indicate the type of Student: ( BSN; RN-to-BSN; MS; FNP; DNP)