Appendix B

SCPL Breach of Confidentiality

General Information

1. Name and title of person reporting a breach of confidentiality:

2. Date of breach of confidentiality incident: Click or tap to enter a date.

3. Time of incident: Click or tap here to enter text.

4. Person who has breached confidentiality:
    i. ☐ CSON Student
    ii. ☐ CSON Faculty
    iii. ☐ CSON SCPL Staff Member
    iv. ☐ Non-CSON UTHealth Faculty/Facilitator
    v. ☐ Non-CSON UTHealth Learner/Observer
    vi. ☐ External Faculty/Facilitator
    vii. ☐ External Learner/Observer
    viii. ☐ Visitor

5. Course name and number/Event Name where a breach of confidentiality occurred: Click or tap here to enter text.

6. Name of faculty/facilitator conducting simulation activity: Click or tap here to enter text.

For the sections below, fill out the information on the person below who has violated SCPL Confidentiality.

CSON Student

1. Name of the student:
2. Is this the first incident?
3. Name and title of the Lead Faculty responsible for the student:
4. What was the disciplinary action for the first incident?
5. If this is the second incident, what was the disciplinary action taken?

CSON SCPL Staff

1. Name and title of the SCPL Staff member:
2. Is this the first incident?
3. Name of the person and title responsible for the SCPL staff:
4. What was the disciplinary action for the first incident?
5. If this is the second incident, what was the disciplinary action taken (if applicable)?

Faculty/Facilitator and Other Participant

1. Name and title/role of the faculty/facilitator/participant:
2. Is this the first incident?
3. Name and title of the person responsible for the faculty/facilitator/participant:
4. What was the disciplinary action for the first incident?
5. If this is the second incident, what was the disciplinary action taken (if applicable)?