Purpose

The purpose of this document is to ensure that written permission is obtained when a nursing student is collecting personal information from a third party for course purposes.

Scope

This operating standard applies to all University of Calgary Nursing Students (Calgary Campus and Medicine Hat College).

Definition

In this operating standard:

a) “Permission” means that the person is granting permission to the collection, use and disclosure of personal information. Permission is considered valid if individuals have been adequately informed of purpose for collection and intended use of their personal information so that they can reasonably understand what they are agreeing to.
Nursing students may be required to work with individuals (eg: patients, clients, families, health care professionals, etc.) as part of a course assignment (eg: community projects, interviews, etc.). If personal information will be collected, both the student and the participant must sign a Permission Form.

All personal information must be de-identified in the course assignment.

5.1 The Instructor of Record will:

a) notify students of the project, including need for written Permission, through the Course Outline.

b) return the graded assignment to the student

c) retain the Permission Form(s) for a period for one year from the end of term and securely shred or destroy.

5.2 The Student will:

a) obtain written Permission from the patient/client/family member or health care professional prior to commencement of the course assignment.

b) attach the Permission Form(s) to the course assignment that is produced (eg: presentation, poster, publication) when submitted to the Instructor.

6 The standard requirements for a Permission Form are as follows:

a) a description of the type of personal information to which the notice refers.

b) a statement of the intended new use or disclosure of that information.

c) a statement, where applicable, of the public body, person, group of persons, organization or individual to which disclosure will be made.

d) instruction that the acceptance must be indicated appropriately on the notice and the form signed by both the participant and the student.

e) a statement that refusal will not result in any adverse decision about rights, benefits or services currently being provided to the individual but stating any of the results which may occur if permission is refused.
Refer to Appendix A for sample forms. These samples must be customized according to the circumstances.

**Retention**

7 Based on the understanding that the assignment contains only de-identified information, the following retention rules apply:

If the assignment is graded and returned to the student, the Permission Form(s) is retained by the instructor for a period of year from the course end date.

If the Instructor will be using the assignment longer term (with the student’s written permission), the Permission Form(s) is retained by the instructor for a minimum of one year or until the assignment is destroyed.

If an identifiable photo or video is part of the course assignment, the Photo Release and Permission Form(s) must be retained according to the retention rule for Waivers of Liability and Informed Consent Forms (12 years from the end of the activity the form relates to) [see link below].

**Related Information**

8 University of Calgary, Information Management, Master Records Retention Schedule (MaRRS), UCLASS AC235 – Evaluation of Students, Specific Retention Rule 2000.01, Examinations and Student Assignments: [http://asc.ucalgary.ca/marrs/examinations-and-assignments](http://asc.ucalgary.ca/marrs/examinations-and-assignments)


**History**

9 *Approved by:* Dr. Dianne Tapp, Dean, Faculty of Nursing, February 1, 2018

*Effective:* February 1, 2018

Created in consultation with University Legal Services – Access and Privacy, Faculty of Nursing Undergraduate Programs Committee, the Faculty of Nursing Graduate Programs Office and the Faculty of Nursing Research Office.
APPENDIX A

SAMPLE
Collection of Information for Course Assignment
Permission Form

I *(insert participant’s name)* voluntarily agree to participate in this interview which is being conducted by *(insert student’s name)*, a Nursing *(insert course number)* student in the Faculty of Nursing at the University of Calgary. The student has informed me that this assignment is designed to *(insert specific details regarding the purposes of the assignment, including any short-term/long-term use of data)*. I understand that:

- participation in this interview will involve one meeting of about one hour in duration.
- the interview will be held at a mutually agreeable location.
- I do not need to answer every question or give information that I do not wish to give.
- the information obtained from these interviews will only be used to meet the objectives of the course assignment.
- there is no anticipated danger of physical or psychological risk from participation in the interview.
- I am free to withdraw from the interview at any time.

___________________________ ____________________________________
Date     Signature of Participant

___________________________ ____________________________________
Date     Signature of Nursing *(insert course #)* Student
SAMPLE
Photo Release Permission Form

PARTICIPANT’S NAME: _________________________________________________

PARTICIPANT’S ADDRESS: _______________________________________________

COURSE NAME AND NUMBER: ___________________________________________

1. I grant permission to be included in photographs, video, tape, print and/or other similar material (the “Materials”) which will only be used for [insert specific details regarding the purpose of use (both short-term and long-term, as applicable)].

2. I understand that I will receive no compensation for the use and distribution of the Materials.

3. I acknowledge that I am under no obligation to grant permission and agree that it is my voluntary decision to do so.

4. I understand that having given my permission, I may also withdraw it at any time by notifying the student in writing.

5. I certify that I have read and fully understand this release. I certify that all questions pertaining to this Permission have been answered to my satisfaction. By signing below, I am agreeing to the terms of this agreement.

___________________________ ____________________________________
Date                          Signature of Participant

___________________________ ____________________________________
Date                          Signature of Nursing [insert course #] Student

[NOTE: If the participant is a child, the Parent/Guardian must sign the form.]