

## SCHOOL AFFILIATION AGREEMENT

THIS AFFILIATION AGREEMENT (the "Agreement") is made as of this first day of March, 2008 by and between (School Board of Clay County), hereinafter referred to as "School" and Orange Park Medical Center, authorized to do business in the State of Florida at 2001 Kingsley Ave, Orange Park, Florida 32073, hereinafter referred to as "Hospital".

### WITNESSETH:

WHEREAS, School district offers to enrolled students an opportunity to participate in a clinical learning experience; and

WHEREAS, Hospital operates a comprehensive acute-care medical-surgical facility; and

WHEREAS, School district desires to provide to its students a clinical learning experience through the application of knowledge and skills in actual patient-centered situations in a health care facility; and

WHEREAS, Hospital has agreed to make its facility available to School district for such purposes.

NOW, THEREFORE, in consideration of the mutual promises contained herein, the parties hereby agree as follows:

#### 1. RESPONSIBILITIES OF SCHOOL DISTRICT.

- (a) **Clinical Program.** School district shall be responsible for the implementation and operation of the clinical component of its programs at Hospital (observation of patient care), which Programs shall be approved in advance by Hospital. Such responsibilities shall include, but not be limited to, the following:
- (i) Orientation of students in collaboration with Hospital staff to the clinical experience at Hospital;
  - (ii) Provision of classroom theory and practical instruction to students prior to their clinical assignments at Hospital;
  - (iii) Preparation of student/patient assignments and rotation plans for each student and coordination of same with Hospital;
  - (iv) Continuing oral and written communication with Hospital regarding student performance and evaluation, absences and assignments of students, and other pertinent information, as needed;
  - (v) Supervision of students and their performance at Hospital;
  - (vi) Participation, with the students, in Hospital's Quality Assurance and related programs;
  - (vii) Performance of such other duties as may from time to time be agreed to between School and Hospital;
  - (viii) Provide adequate documentation attesting to competency of each instructor upon request.

All students, faculty, employees, agents and representatives of School participating in the Program at Hospital (the "Program Participants") shall be accountable to the Hospital's Administrator.

- (b) **Student Statements.** School district shall require each Program Participant to sign a Statement of Responsibility, in the form attached hereto as Exhibit A, and a Statement of Confidentiality and Security, in the form attached hereto as Exhibit B.
- (c) **Insurance.** The Board of Education for Clay County Florida is a governmental agency with a waiver of sovereign immunity up to the statutory limits of \$100,000 which would be the available self insurance limit per person/incidence.
- (d) **Health of Program Participants.** All Program Participants shall pass a medical examination acceptable to Hospital prior to their participation in the Program at Hospital or as otherwise required by Florida law. Program Participant shall be responsible for arranging for the Program Participant's medical care and/or treatment, if necessary, including transportation in case of illness or injury while participating in the Program at Hospital. Notwithstanding, the Hospital shall provide faculty and Students with emergency accident care for injuries, or illnesses of an acute nature, incurred while on duty at the Facilities. Payments for such emergency accident care shall be the personal responsibility of the individual at the individual's expense. In no event shall Hospital be financially or otherwise responsible for said medical care and treatment. Hospital shall not allow Program Participants to commence experiences until School district has presented documentation that each program participant has provided proof of:
- (i) Tuberculin skin test within the past 12 months or documentation as a previous positive reactor; and
  - (ii) Rubella and Rubeola immunity by positive antibody titers or 2 doses of MMR; and
  - (iii) Varicella immunity, by positive history of chickenpox or proof of Varicella immunization; and
  - (iv) Hepatitis B immunization or declination of vaccine, if patient contact is anticipated.
- (e) **Dress Code; Breaks.** School district shall require the students to dress in accordance with dress and personal appearance standards approved by the School district. Such standards shall be in accordance with Hospital's standards regarding same. All Program Participants shall remain on the Hospital premises for breaks, including meals. Program Participants shall pay for their own meals at Hospital.
- (f) **Performance.** All faculty provided by the School district shall be duly licensed, certified or otherwise qualified to participate in the Program at Hospital. School shall have a specially designated staff for the performance of the services specified herein. School district and all Program Participants shall perform its and their duties and services hereunder in accordance with all relevant local, state, and federal laws and shall comply with the standards and guidelines of all applicable accrediting bodies and the bylaws, rules and regulations of Hospital and any rules and regulations of the School district as may be in effect from time to time. Neither School district nor any Program Participant shall interfere with or adversely affect the operation of Hospital or the performance of services therein.
- (g) **Background Checks.** School district shall, prior to participation program, at either School districts expense or the Program Participant's expense, conduct (or have conducted) a background check on each and every student assigned to the Program and every member of the staff/faculty responsible for supervision and/or instruction. If School district has students or staff/faculty on-site at Hospital prior to the execution of this Agreement, then School district shall as soon as practicable and in no event later than 60 days after

execution of this agreement conduct a retrospective background check on such persons. The background check for students shall include, at a minimum, the following:

- (i) Social Security Number Verification;
- (ii) Criminal Search (7 years or up to 5 criminal searches);
- (iii) Violent Sexual Offender and Predator Registry Search;
- (iv) HHSIOIG List of Excluded Individuals/Entities;
- (v) GSA List of Parties Excluded from Federal Programs;
- (vi) U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN);
- (vii) Applicable State Exclusion List, if one.
- (viii) Employment Verification to include reason for separation and eligibility for re-employment for each employer for 7 years (not required for students younger than 21 years of age);

The background check for staff/faculty, if licensed or certified caregivers, shall include all of the above and, in addition, shall include the following:

- (i) Education verification (highest level);
- (ii) Professional License Verification;
- (iii) Certification & Designations Check;
- (iv) Professional Disciplinary Action Search;
- (v) Department of Motor Vehicle Driving History, based on responsibilities;
- (vi) Consumer Credit Report, based on responsibilities.

School district shall provide an *Attestation of Satisfactory Background Investigation Report* in the form attached hereto as Exhibit C prior to each student and staff/faculty member's participation in the Program at the Hospital. Should the background check disclose adverse information as to any student and/or member of the staff/faculty, School district shall immediately remove said student and/or member of the staff/faculty from participation in the Program at Hospital, or submit and disclose such information as may be required for the Hospital to make a decision on such individual. In case of submission and disclosure as described in the previous sentence, Hospital shall notify the School district in writing of its decision

- (g) **School Status.** School district represents and warrants to Hospital that the School district and its Program Participants participating hereunder: (i) are not currently excluded, debarred, or otherwise ineligible to participate in the Federal health care programs as defined in 42 U.S.C. Section 1320a-7b(f) (the "Federal health care programs"); (ii) are not convicted of a criminal offense related to the provision of health care items or services but has not yet been excluded, debarred or otherwise declared ineligible to participate in the Federal health care programs, and (iii) are not under investigation or otherwise aware of any circumstances which may result in the School district or a Program Participant being excluded from participation in the Federal health

care programs. This shall be an ongoing representation and warranty during the term of this Agreement and the School district shall immediately notify Hospital of any change in status of the representation and warranty set forth in this section. Any breach of this Paragraph 1(h) shall give Hospital the right to immediately terminate this Agreement for cause.

**2. RESPONSIBILITIES OF HOSPITAL.**

- (a) Hospital shall accept the Program Participants assigned to the Program by School district and reasonably cooperate in the orientation of all Program Participants to Hospital. Hospital shall provide reasonable opportunities for such Program Participants, who shall be supervised by School district and Hospital, to observe and assist in various aspects of patient care to the extent permitted by applicable law and without disruption of patient care or Hospital operations. Hospital shall coordinate School districts rotation and assignment schedule with its own schedule and those of other educational institutions. Hospital shall at all times retain ultimate control of the Hospital and responsibility for patient care.
- (b) Upon the request of School district, Hospital shall assist School district in the evaluation of each Program Participant's performance in the Program. However, School district shall at all times remain solely responsible for the evaluation and grading of Program Participants.

**3. MUTUAL RESPONSIBILITIES.** The parties shall cooperate to fulfill the following mutual responsibilities:

- (a) Students shall be treated as trainees who have no expectation of receiving compensation or future employment from the Hospital or the School.
- (b) Any courtesy appointments to faculty or staff by either the School district or Hospital shall be without entitlement of the individual to compensation or benefits for the appointed party.

**4. WITHDRAWAL OF PROGRAM PARTICIPANTS.**

Hospital may request School district to withdraw or dismiss a student or other Program Participant from the Program at Hospital when his or her clinical performance is unsatisfactory to Hospital or his or her behavior, in Hospital's discretion, is disruptive or detrimental to Hospital and/or its patients. In such event, said Program Participant's participation in the Program at Hospital shall immediately cease. It is understood that only the School district can dismiss the Program Participant from the Program.

**5. INDEPENDENT CONTRACTOR; NO OTHER BENEFICIARIES.**

The parties hereby acknowledge that they are independent contractors, and neither the School district nor any of its agents, representatives, Program Participants, or employees shall be considered agents, representatives, or employees of Hospital. In no event shall this Agreement be construed as establishing a partnership or joint venture or similar relationship between the parties hereto. School district shall be liable for its own debts, obligations, acts and omissions, including the payment of all required withholding, social security and other taxes or benefits. No Program Participant shall look to Hospital for any salaries, insurance or other benefits. No Program Participant or other third person is entitled to, and shall not, receive any rights under this Agreement.

**6. NON-DISCRIMINATION.**

There shall be no discrimination on the basis of race, national origin, religion, creed, sex, age, veteran status, or handicap in either the selection of students for participation in the Program, or as to any aspect of the clinical training; provided, however, that with respect to handicap, the handicap must not be such as would, even with reasonable accommodation, in and of itself preclude the Program Participant's effective participation in the Program.

**7. INDEMNIFICATION.**

To the extent permitted by applicable law and the limits provided for in Florida Statute 768.28, and without waiving any defenses, School district shall indemnify and hold harmless Hospital and its officers, medical and nursing staff, representatives and employees from and against all liabilities, claims, damages and expenses, relating to or arising out of any act or omission of the School district or any of its faculty, Program Participants, agents, representatives and employees under this Agreement, including, but not limited to, claims for personal injury, professional liability, or with respect to the failure to make proper payment of required taxes, withholding, employee benefits or statutory or other entitlements. Hospital shall indemnify School district against liabilities, claims, damages and expenses, including attorney's fees incurred by School district in defending or compromising actions brought against School district arising out of or related to the Hospital's performance of duties hereunder.

**8. CONFIDENTIALITY.**

School district and its agents, Program Participants, faculty, representatives and employees agree to keep strictly confidential and hold in trust all confidential information of Hospital and/or its patients and not disclose or reveal any confidential information to any third party without the express prior written consent of Hospital or as otherwise required by law. School district shall not disclose the terms of this Agreement to any person who is not a party to this Agreement, except as required by law, School districts accreditation and regulatory bodies, or as authorized by Hospital. Unauthorized disclosure of confidential information or of the terms of this Agreement shall be a material breach of this Agreement and shall provide Hospital with the option of pursuing remedies for breach, or, notwithstanding any other provision of this Agreement, immediately terminating this Agreement upon written notice to School district.

**9. TERM; TERMINATION.**

- (a) The initial term of this Agreement shall be three (3) year(s), commencing on (March) (1), (2008) and ending on (February) (28), (2011).
- (b) Except as otherwise provided herein, either party may terminate this Agreement at any time without cause upon at least thirty (30) days prior written notice, provided that all students currently enrolled in the Program at Hospital at the time of notice of termination shall be given the opportunity to complete their clinical Program at Hospital, such completion not to exceed six (6) months.

**10. ENTIRE AGREEMENT.**

This Agreement and its accompanying Exhibits set forth the entire Agreement with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the parties relating to such subject matter. This Agreement may not be amended or modified except by mutual written agreement. All continuing covenants, duties and obligations herein shall survive the expiration or earlier termination of this Agreement.

**11. SEVERABILITY.**

If any provision of this Agreement is held to be invalid or unenforceable for any reason, this Agreement shall remain in full force and effect in accordance with its terms disregarding such unenforceable or invalid provision.

**12. CAPTIONS.**

The captions contained herein are used solely for convenience and shall not be deemed to define or limit the provisions of this Agreement.

**13. NO WAIVER.**

Any failure of a party to enforce that party's right under any provision of this Agreement shall not be construed or act as a waiver of said party's subsequent right to enforce any of the provisions contained herein.

**14. GOVERNING LAW.**

This Agreement shall be governed and construed in accordance with the laws of the State of Florida, venue shall be in the courts of Clay County, Florida.

**15. ASSIGNMENT; BINDING EFFECT.**

School district may not assign or transfer any of its rights, duties or obligations under this Agreement, in whole or in part, without the prior written consent of Hospital. This Agreement shall inure to the benefit of, and be binding upon, the parties hereto and their respective successors and permitted assigns.

**16. NOTICES.**

All notices hereunder by either party to the other shall be in writing, delivered personally, by certified or registered mail, return receipt requested, or by overnight courier, and shall be deemed to have been duly given when delivered personally or when deposited in the United States mail, postage prepaid, addressed as follows:

If to Hospital: Chief Executive Officer  
Orange Park Medical Center  
2001 Kingsley Ave  
Orange Park, FL 32073

Copy to: HCA, Inc.  
One Park Plaza Bldg. 1,2E  
Nashville, TN 37203  
Attention: Operations Counsel

If to School: School District of Clay County  
Attention: Paul Parker  
900 Walnut Street  
Green Cove Springs, Florida 32043

or to such other persons or places as either party may from time to time designate by written notice to the other.

**17. EXECUTION OF AGREEMENT.**

This Agreement shall not become effective or in force until all of the below named parties have fully executed this Agreement.

**18. HIPAA Requirements.**

The parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d ("HIPAA") and any current and future regulations promulgated there under, including, without limitation, the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 ("Federal Privacy Regulations"), the federal security standards contained in 45 C.F.R. Part 142 ("Federal Security Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements". The parties agree not to use or further disclose any Protected Health Information (as defined in 45 C.F.R. Section 164.501) or Individually Identifiable Health Information (as defined in 42 U.S.C. Section 1320d), other than as permitted by the HIPAA Requirements and the terms of this Agreement. The parties agree to make their internal practices, books and

records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations. In addition, the parties agree to comply with any state laws and regulations that govern or pertain to the confidentiality, privacy, security of, and electronic and transaction code sets pertaining to, information related to patients.

The School district shall direct its Program Participants to comply with the policies and procedures of Hospital, including those governing the use and disclosure of individually identifiable health information under federal law, specifically 45 CFR parts 160 and 164. Solely for the purpose of defining the Program Participants' role in relation to the use and disclosure of Hospital's protected health information, the Program Participants are defined as members of the Hospital's workforce, as that term is defined by 45 CFR 160.103, when engaged in activities pursuant to this Agreement. However, the Program Participants are not and shall not be considered to be employees of Hospital.

**19. No Requirement to Refer.**

Nothing in this Agreement requires or obligates School district to admit or cause the admittance of a patient to Hospital or to use Hospital's services. None of the benefits granted pursuant to this Agreement is conditioned on any requirement or expectation that the parties make referrals to, be in a position to make or influence referrals to, or otherwise generate business for the other party. Neither party is restricted from referring any services to, or otherwise generating any business for, any other entity of their choosing.

THE PARTIES HERETO have executed this Agreement as of the day and year first above written.

(School District of Clay County)

By: Carol Studdard attested: David L. Owens

Title: Chairman School Board Title: Superintendent of Schools

Orange Park Medical Center

By: Michael Mayo

Title: CEO

**EXHIBIT A**

**STATEMENT OF RESPONSIBILITY**

For and in consideration of the benefit provided the undersigned in the form of experience in a clinical setting at Orange Park Medical Center ("Hospital"), the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks and be solely responsible for any injury or loss sustained by the undersigned while participating in the Program operated by (School District of Clay County) at Hospital unless such injury or loss arises solely out of Hospital's gross negligence or willful misconduct.

\_\_\_\_\_  
Signature of Program Participant/Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian if Program Participant is under 18/Print Name

\_\_\_\_\_  
Date



## EXHIBIT B

### PROTECTED HEALTH INFORMATION, CONFIDENTIALITY, AND SECURITY AGREEMENT

- Protected Health Information (PHI) includes patient information based on examination, test results, diagnoses, response to treatment, observation, or conversation with the patient. This information is protected and the patient has a right to the confidentiality of his or her patient care information whether this information is in written, electronic, or verbal format. PHI is individually-identifiable information that includes, but is not limited to, patient's name, account number, birthdate, admission and discharge dates, photographs, and health plan beneficiary number.
- Medical records, case histories, medical reports, images, raw test results, and medical dictations from healthcare facilities are used for student learning activities. Although patient identification is removed, all healthcare information must be protected and treated as confidential.
- Students enrolled in school programs or courses and responsible faculty are given access to patient information. Students are exposed to PHI during their clinical rotations in healthcare facilities.
- Students and responsible faculty may be issued computer identifications (IDs) and passwords to access PHI.

***Initial each to accept the Policy***

Initial	Policy
	1. It is the policy of the school/institution to keep PHI confidential and secure.
	2. Any or all PHI, regardless of medium (paper, verbal, electronic, image or any other), is not to be disclosed or discussed with anyone outside those supervising, sponsoring or directly related to the learning activity.
	3. Whether at the school or at a clinical site, students are not to discuss PHI, in general or in detail, in public areas under any circumstances, including hallways, cafeterias, elevators, or any other area where unauthorized people or those who do not have a need-to-know may overhear.
	4. Unauthorized removal of any part of original medical records is prohibited. Students and faculty may not release or display copies of PHI. Case presentation material will be used in accordance with healthcare facility policies.
	5. Students and faculty shall not access data on patients for whom they have no responsibilities or a "need-to-know" the content of PHI concerning those patients.
	6. A computer ID and password are assigned to individual students and faculty. Students and faculty are responsible and accountable for all work done under the associated access.
	7. Computer IDs or passwords may not be disclosed to anyone. Students and faculty are prohibited from attempting to learn or use another person's computer ID or password.
	8. Students and faculty agree to follow Hospital's privacy policies.
	9. Breach of patient confidentiality by disregarding the policies governing PHI is grounds for dismissal from the Hospital.

- I agree to abide by the above policies and other policies at the clinical site. I further agree to keep PHI confidential.
- I understand that failure to comply with these policies will result in disciplinary actions.
- I understand that Federal and State laws govern the confidentiality and security of PHI and that unauthorized disclosure of PHI is a violation of law and may result in civil and criminal penalties.

\_\_\_\_\_  
Signature of Program Participant/Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian if Program Participant is under 18/Print Name

\_\_\_\_\_  
Date

**EXHIBIT C**

**Attestation of Satisfactory Background Investigation Report**

On behalf of (school name), I acknowledge and attest to Orange Park Medical Center (“Hospital”) that we own, and have in our possession, a background investigation report on the individuals listed on the attached sheet, made part hereof. Such background investigation report is satisfactory in that it does not reveal any criminal activity or other defined information of concern.

I, as School District of Clay County authorized designee, further attest based on the School Districts actual knowledge at the time of this submission that there are no prior or pending investigations, reviews, sanctions or peer review proceedings; or limitations of any licensure, certification or registration.

This attestation is provided in lieu of providing a copy of the background investigation report. Identified Individuals that have successfully completed the Background Investigation are named on the attached list.

The School District also acknowledges and agrees to an annual compliance audit by Hospital of five percent (5%) or a minimum of thirty (30) such background investigation files as authorized by the subjects under the Fair Credit Reporting Act (FCRA). Hospital shall give the School District reasonable notice of such an audit, and such audit shall be scheduled during the School Districts regular business hours, is not to interfere with the normal business of the School District, and shall be at no cost to the School District.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
School District of Clay County

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