



AGENDA REQUEST FORM

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Special Order Request
 Yes No

Time

Open Agenda
 Yes No

ITEM No.:
F-3.

MEETING DATE	Apr 21 2015 10:15AM - Regular School Board Meeting
AGENDA ITEM	CONSENT ITEMS
CATEGORY	F. OFFICE OF ACADEMICS
DEPARTMENT	CTACE

TITLE: Agreement between the School Board of Broward County, Florida and DaVita Healthcare Partners, Inc.

REQUESTED ACTION:
 Approve a new agreement between the School Board of Broward County, Florida and DaVita Healthcare Partners, Inc. This agreement shall be for an initial term of three (3) years commencing on the last date of execution by the parties as indicated on the signature page of the Agreement.

SUMMARY EXPLANATION AND BACKGROUND:
 Career and Technical Education high school and adult postsecondary students district-wide, who are enrolled in Health Science Education Programs, participate in clinical learning experiences through contractual agreements with hospitals, nursing homes, and other healthcare related facilities. The new agreement with DaVita Healthcare Partners, Inc. provides clinical experiences necessary to meet Florida Department of Education mandated student performance standards. This agreement also addresses the requirements of regulatory agencies for students to qualify for certification/licensure examinations upon program completion.

See Supporting Docs for continuation of Summary Explanation and Background.

This agreement has been reviewed and approved as to form and legal content by the Office of General Counsel.

SCHOOL BOARD GOALS:
 Goal 1: High Quality Instruction Goal 2: Continuous Improvement Goal 3: Effective Communication

FINANCIAL IMPACT:
 There is no financial impact to the District.

EXHIBITS: (List)
 (1) Davita Summary Explanation and Background (2) DaVita F-3 Executive Summary (3) New DaVita Agreement

BOARD ACTION:
APPROVED
 (For Official School Board Records Office Only)

SOURCE OF ADDITIONAL INFORMATION:

Name: Enid Valdez	Phone: 754-321-8444
Name:	Phone:

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Senior Leader & Title
 Brian Kingsley - Acting Chief Academics Officer

Signature
 Brian G. Kingsley
 Wednesday, April 01, 2015 11:13:57 AM

Approved In Open Board Meeting On:

APR 21 2015

 School Board Chair

F-3 Agreement between the School Board of Broward County, Florida and DaVita Healthcare Partners, Inc. (summary explanation and background con't.)

In accordance with a School Board request, staff in the Career, Technical, Adult and Community Education Department developed a survey to measure the effectiveness of the clinical experience. This survey was completed by students, Health Science teachers, and selected staff of the facility. The results of the survey will be used to make recommendations for modifying clinical agreements that will strengthen the student's job-site clinical experience and strengthen the overall Health Science Program. When this agreement has been fully executed by DaVita Healthcare Partners, Inc., and the School Board, clinical experiences will be scheduled. The survey will be completed by students, Health Science teachers, and selected staff of the facility after the completion of the clinical experience.

EXECUTIVE SUMMARY

Below is an executive summary for DaVita Healthcare Partners, Inc., which supports the academic and personal enrichment of students in Broward County Public Schools.

Grant Program	N/A
Status	Continuation of clinical agreement
Funds Requested	\$0
Financial Impact Statement	There is no financial impact to the District.
Schools Included	Atlantic Technical College
Managing Department/School	Career, Technical, Adult and Community Education Department
Source of Additional Information	Enid Valdez 754-321- 8444
Project Description	The School Board of Broward County, Florida has a contractual agreement with, DaVita Healthcare Partners Inc., which provides clinical experiences necessary to meet the Florida Department of Education mandated student performance standards. This agreement also addresses the requirements of regulatory agencies for students to qualify for certification/licensure examinations upon program completion.
Evaluation Plan	Clinical Surveys for Facility, Instructors and Students The survey will be completed by students, Health Science teachers, and selected staff of the facility after the completion of the clinical experience.
Research Methodology	Relates to Evaluation Plan

STUDENT TRAINING AGREEMENT

This Student Training Agreement ("Agreement") is made and entered into by and between The School Board of Broward County, Florida d/b/a Atlantic Technical College ("Sponsoring Institution") and DaVita Dialysis Contracting, LLC on its own behalf and on behalf of and for the benefit of the following other affiliates of DaVita HealthCare Partners Inc.: Total Renal Care, Inc., Renal Life Link, Inc., DVA Renal Healthcare, Inc., and DVA Healthcare Renal Care, Inc. (together with DaVita Dialysis Contracting, LLC, collectively, "the Company.")

WHEREAS, Sponsoring Institution offers to enrolled students a degree program in the field of Hemodialysis Technician ("Program"); and

WHEREAS, Sponsoring Institution conducts and maintains a Program into which it admits properly qualified individuals for training ("Students"); and

WHEREAS, Company operates free-standing outpatient dialysis facilities, which are outlined on Exhibit "A" (each individually referred to as a "Facility", or collectively referred to as "Facilities");

WHEREAS, it is expressly agreed by the parties that wherever "Company" is used in this Agreement, its legal entity, as set forth on Exhibit "A", is solely with respect to the Facility which the legal entity owns and operates; and

WHEREAS, Company conducts, maintains, and carries on a health-related activity and is willing to provide clinical training and/or observation to Students of Sponsoring Institution, so long as such training does not interfere with Facilities' obligations to patients; and

WHEREAS, the parties desire to establish their respective rights, responsibilities, and obligations in the Program.

NOW, THEREFORE, in consideration of the agreements herein contained, it is hereby mutually agreed between Sponsoring Institution and Company as follows:

I. RESPONSIBILITIES OF SPONSORING INSTITUTION:

Sponsoring Institution will perform the following acts, duties, and services:

a. Sponsoring Institution will assign Students who have successfully completed appropriate classroom education and clinical training experience as Program internship participants to a chosen Facility.

b. Either Sponsoring Institution will provide workers' compensation or other liability insurance as may be required for Students, or Students will be responsible for providing for their own health insurance. Sponsoring Institution will advise Company of the arrangement and Sponsoring Institution or Students will provide Company with evidence of the requested insurance.

c. On or before commencement of the Initial Term of this Agreement, Sponsoring Institution will designate a representative to work with Facilities' representatives to coordinate the administrative and academic aspects of the Program internship. Sponsoring Institution will not assign any faculty member to Facilities in connection with the operation of the Program internship who is not appropriately licensed or certified, and will keep evidence of the licensure or certification of all assigned faculty on file with each Facility at all times.

d. Sponsoring Institution will inform each Student that he or she is responsible for:

(i) respecting the confidentiality of Company's or Facility's patients and Facility's patient records (and enabling Facility's compliance with) the requirements of regulations at 45 Code of Federal Regulations ("C.F.R.") Parts 160 and 164, subparts A and E (the "Privacy Rule") and 45 C.F.R. Part 164, subparts A and C (the "Security Rule") for the Administrative Simplification provisions of Title II, Subtitle F of the Health Insurance Portability and Accountability Act of 1996, as amended by any other statute, rule and/or regulation, including Division A, Title XIII of the American Recovery and Reinvestment Act of 2009 (Pub. L. No., 111-5), otherwise known as the Health Information Technology for Economic and Clinical Health Act ("HITECH") (collectively "HIPAA");

(ii) complying with all applicable rules, regulations, policies, and procedures of Company;

(iii) complying with all state laws and regulations regarding the scope of practice of student interns, including refraining from any unsupervised work normally performed by employees of the Facility;

(iv) wearing appropriate Facility attire;;

(v) complying with all policies concerning universal precautions, including wearing personal protective equipment;

(vi) paying all applicable expenses, including, without limitation, meals, laundering of uniforms, medical expenses, transportation, and books;

(vii) providing Company with records of each Student's physical examinations, immunization statuses, and other medical tests as requested by Company and consistent with Company's policies;

(viii) obtaining written permission from Company and Sponsoring Institution before publishing any material related to the Program experience; and

(ix) providing Company with any information it needs, including, without limitation, signing all requisite forms, to allow Company to conduct a background check on the Student (the background check will not include a report on the Student's credit capacity or credit history) and a drug test;

e. Sponsoring Institution will obtain, upon request of Company, any authorization from Students necessary for the release of confidential records, including, without limitation, Students' medical records and educational records.

f. Sponsoring Institution shall advise Students that they are not to receive wages during this Program internship, that they are not deemed employees of Company, that they will not be performing any vocational training duties unsupervised, that they are not covered by Company's workers' compensation insurance in case of injury, and that they should have no expectation of employment upon the conclusion of the Program internship.

g. Sponsoring Institution shall remove any Student from participation in the Program internship upon Company's request for any reason deemed reasonable and sufficient by Company or Facility, in its sole discretion, provided that Company or Facility will exercise said removal rights in a nondiscriminatory manner.

h. Sponsoring Institution shall be responsible for maintaining all records and reports concerning or in any way related to the participation of all Students in the Program internship and the Program. At no time shall the protected health information (as defined at 45 C.F.R. § 160.103) ("PHI") of any of Facility's patients appear in these records or reports, or in any other communication (written or oral) to the Sponsoring Institution by either Facility or any Student. Should the Sponsoring Institution require access to any Facility PHI for any legitimate business or educational use under this Agreement, the Sponsoring Institution shall execute a Business Associate Agreement with Facility PRIOR to receiving the PHI.

i. Sponsoring Institution shall require each Student to sign a Statement of Responsibility in the form attached hereto as Exhibit B, and a Confidential Information Agreement in the form attached hereto as Exhibit C.

2. RESPONSIBILITIES OF FACILITIES:

Each Facility, acting by and through its Facility Administrator, will perform the following acts, duties, and services:

a. Facility will designate an employee who will act as a liaison between it and Sponsoring Institution, as well as employees who will supervise the vocational training of the Student(s) on site.

b. Facility will provide Student(s) and faculty with an orientation to Facility. The orientation shall include, but will not be limited to, instructions concerning Facility's rules, regulations, policies, procedures, universal precautions, and confidentiality.

c. Facility shall provide Student(s) with a structured vocational training internship consistent with the Student's Program and supervision commensurate with the Program internship. Facility shall also provide personnel and related resources to implement the internship.

d. Facility shall permit Student(s) to use equipment at Facility, under employee supervision, as Facility determines appropriate, and Facility shall provide Students with access to its break room.

e. Facility shall provide, or be responsible for providing, at Students' expense, emergency medical care for any Student as may be necessary for any illness or injury arising from any activity the Student was engaged in as part of the Program internship. The Student or Sponsoring Institution is responsible for paying the Student's medical expenses. Nothing in this Agreement shall be construed as an assumption of liability by Company or Facility for any injury suffered by a Student during his or her experience at Facility.

f. Company and Facility retain the right to request removal of any Student from participation in the Program internship who, for any reason deemed sufficient by Company or Facility, in its sole discretion, is not complying with the terms and conditions of this Agreement or Facility's policies and procedures; is disruptive; is behaving in a manner detrimental to the Facility and/or Facility's patients, including drug or alcohol use; or is not participating in the Program internship at a level which will permit the Student to achieve the benefits of his/her experience; provided; however, that Company or Facility exercises said privilege in a nondiscriminatory manner.

g. Facility shall provide Sponsoring Institution with periodic reports, in the format requested by Sponsoring Institution, concerning the progress of Student(s). However, Sponsoring Institution shall at all times remain solely responsible for the evaluation and grading of Student(s).

h. Sponsoring Institution acknowledges that Facility is not responsible for the design or implementation of the Program internship but is merely affording Students an opportunity to secure an observational and/or clinical training experience in a setting different from that maintained by Sponsoring Institution.

3. MUTUAL RESPONSIBILITIES:

Sponsoring Institution and Facilities, in cooperation and collaboration with each other, agree as follows:

a. The parties agree to meet, at reasonably noticed and scheduled meetings, to plan and implement the learning experiences of Students.

b. Both parties shall agree on the period of time for each Student's experience prior to the beginning of the Program internship.

c. Both parties shall agree on the number of Students, necessary qualifications, and experience for the Program internship participants subject to space, time, and needs limitations.

4. CONFIDENTIALITY:

Sponsoring Institution and its agents, students, faculty, representatives and employees agree to keep strictly confidential and hold in trust all confidential information, by law, of Company, Facility and/or its patients, and not disclose or reveal any confidential information to any third party without the express prior written consent of Company or Facility.

Sponsoring Institution, and its agents, students, faculty, representatives, and employees, and Company, Facility, and its agents and employees, mutually agree to comply with the relevant provisions of HIPAA. Both parties acknowledge and agree that, from time to time, HIPAA may require modification to this Agreement for compliance purposes. Both parties further acknowledge and agree to comply with requests by either party related to HIPAA.

Unauthorized disclosure of confidential information shall be a material breach of this Agreement and shall provide Company and Facility with the option of pursuing remedies for breach, or, notwithstanding any other provision of this Agreement, immediately terminating this Agreement upon written notice to Sponsoring Institution. Sponsoring Institution acknowledges and recognizes that the unauthorized disclosure of confidential information, Protected Health Information ("PHI"), as defined by HIPAA, or the terms of this Agreement, unless specifically required by federal, state, or other law, shall be a material breach and Company or Facility may seek immediate injunctive relief and elect to institute and prosecute proceedings in any court of competent jurisdiction, either in law or equity, to enforce specific performance of Sponsoring Institution, to enjoin any threatened or actual breach of this Agreement by Sponsoring Institution, its agents, students, faculty, representatives, and employees, as appropriate, and/or to recover any damages resulting from the breach hereof and recover reasonable attorneys' fees and costs of prosecuting any such action.

5. TERM AND TERMINATION:

a. This Agreement shall be for an initial term of three (3) years commencing on the last date of execution by the parties as indicated on the signature page to the Agreement ("Initial Term"), unless terminated sooner by either party in accordance with this Agreement.

b. This Agreement may be terminated by either party, with or without cause, following thirty (30) days advance written notice by certified, registered mail to the other party. No termination shall be effective until the completion of the Program internship by those Students participating in the Program internship at the time the notice is given, unless Facility, in its absolute and sole discretion, discovers that the performance of this Agreement exposes Facility's patients and/or employees to harm or potential harm.

6. INDEMNIFICATION:

To the extent permitted by law, each party agrees to indemnify and hold harmless the other party for and on account of any and all claims, liabilities, causes of action, damages, suits, judgments, and expenses, including, without limitation, reasonable attorneys' fees, arising out of, related to, or in any way connected with the negligent, reckless, or intentional acts or omissions of the indemnifying party, its faculty, employees, officers, or Students while in the conduct of the Program internship. Nothing herein shall be construed as a waiver by Sponsoring Institution of

sovereign immunity or of any rights or limits to liability existing under Section 768.28, Florida Statutes.

7. **NO REMUNERATION:**

No pay or remuneration will be given to either party for participation in the Program internship under this Agreement.

8. **COMPLIANCE:**

Sponsoring Institution and Company agree and certify that this Agreement is not intended to generate referrals for services or supplies for which payment may be made in whole or in part under any federal health care program. Sponsoring Institution and Company will comply with statutes, rules, and regulations as promulgated by federal and state regulatory agencies or legislative authorities having jurisdiction over the parties.

9. **INSURANCE:**

a. Sponsoring Institution's Insurance Requirements. During the term of this Agreement, Sponsoring Institution hereby agrees to maintain with commercial carriers or maintain through a self-funded insurance program, as applicable, at all times and at Sponsoring Institution's own expense (i) General and Professional Liability insurance with a minimum annual coverage limitation of One Million Dollars (\$1,000,000) per occurrence and Three Million dollars in the annual aggregate (\$3,000,000), naming Company as an additional insured to the General Liability policy; (ii) Statutory Workers' Compensation insurance, other personal injury insurance for Students, or Students will be responsible for providing for their own health insurance; and (iii) Automobile Liability insurance with coverage of One Million Dollars (\$1,000,000) per occurrence.

b. Company's Insurance Requirements. During the term of this Agreement, Company hereby agrees to maintain with commercial carriers or maintain through a self-funded insurance program, as applicable, at all times and at Company's own expense (i) General and Professional Liability insurance with a minimum annual coverage limitation of One Million Dollars (\$1,000,000) per occurrence and Three Million dollars in the annual aggregate (\$3,000,000); and (ii) Statutory Workers' Compensation insurance and unemployment insurance covering all employees, in accordance with applicable state statutory limits for workers' compensation.

c. Certificates of Insurance. Company and Sponsoring Institution shall provide upon execution of this Agreement hereunder or at any time upon request, certificates of insurance or other documents in the case of a self insured programs evidencing the coverage required hereby, and shall notify the other party immediately (within at least 30 days) of the cancellation, termination, or non-renewal of, or material change in, such insurance coverage. Company and Sponsoring Institution's coverage may be carried through a self-funded insurance program(s).

10. **GENERAL PROVISIONS:**

a. Status of Parties. The parties agree that the staff and Students of Sponsoring Institution participating in the Program internship are independent contractors, and, as such, are not the employees or agents of Company or Facility and are not entitled to any benefits from Company, including, but not limited to, workers' compensation, unemployment compensation, medical treatment (except as hereinabove provided), insurance, or any other benefits provided by Company to its employees, except as specifically required by law, and, in such case, only to the extent and for the purposes so required. Sponsoring Institution shall be liable for its own debts, obligations, acts, and omissions, including, without limitation, the payment of all required withholding, social security, and other taxes or benefits. In no event shall this Agreement be construed as establishing a partnership, joint venture, joint employment, or similar relationship between the parties hereto.

b. Entire Agreement. This Agreement constitutes the entire agreement of the parties with respect to the subject matter hereof, and all prior discussions, understandings, negotiations, and representations concerning the subject matter of this Agreement not expressly set forth herein are void and of no force or effect whatsoever.

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

d. 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.

e. Notices. Any notice or communication required or permitted to be sent to the parties shall be in writing and shall be deemed to have been sufficiently and effectively given if mailed by certified or registered mail, return receipt requested, addressed to:

If to Company: See List of Facilities at Exhibit "A"
Attention: Facility Administrator

With copies to: DaVita HealthCare Partners Inc.
2000 16th Street
Denver, Colorado 80202
Attention: Chief Legal Officer

and

DaVita HealthCare Partners Inc.
5200 Virginia Way
Brentwood, Tennessee 37027
Attention: Associate General Counsel

If to Sponsoring Institution: The School Board of Broward County, Florida
d/b/a Atlantic Technical College
4700 Coconut Creek Parkway
Coconut Creek, Florida 33063
Attention: Joan Barnes, CHT

- f. Governing Law. This Agreement shall be governed and interpreted according to the laws of the State of Florida, without regard to the conflicts of laws principles thereof.
- g. Severability. Should any portion of this Agreement be declared invalid by a court of competent jurisdiction, then, and in that event, it is the intention of the parties that the remainder of said Agreement shall remain in full force and effect.
- h. Nonexclusive Agreement. This Agreement is nonexclusive. Either party reserves the right to participate in other clinical training programs.
- i. Nondiscrimination. Neither the Sponsoring Institution nor the Company will discriminate against any person because of race, color, religion, sex, national origin, age, disability, sexual orientation, marital status, veteran status, Vietnam-era veteran status, or any other protected class status.
- j. Assignment. Neither party may assign this Agreement to any party or entity without the prior written consent of the other party. This Agreement inures solely to the benefit of the parties hereto and any permitted assigns, and does not, and will not, be construed to create any third-party rights, including, without limitation, any third-party beneficiary rights to Students. Notwithstanding the foregoing, Company may assign this Agreement to any of its affiliates or subsidiaries without the consent of Sponsoring Institution. This Agreement will be binding upon and inure to the benefit of the successors, permitted assigns, heirs, and representatives of Company. Any attempted assignment of this Agreement in violation of the provisions of this section is void.
- k. Amendment. This Agreement shall not be amended or modified, except by an instrument in writing duly executed by the parties hereto.
- l. Name or Logo. Neither party shall use the other's name or logo in any descriptive or promotional literature or communication of any kind without the other's prior written approval, which approval shall not be unreasonably withheld.
- m. Counterparts. This Agreement may be executed simultaneously in one or more counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument. Copies of signatures sent by facsimile transmission will be deemed to be originals.
- n. Approval by DaVita HealthCare Partners Inc. ("DaVita") as to Form. The parties acknowledge and agree that this Agreement shall take effect and be legally binding upon the parties only upon full execution hereof by the parties and upon approval by DaVita as to the form of hereof.

[Signatures appear on the following page.]

IN WITNESS WHEREOF, the parties hereto have signed and delivered this Agreement as of the date indicated next to their signature below to be effective as set forth in paragraph 5 of this Agreement. Additionally, Company's signature below shall be recognized as that legal entity individually signing solely with respect to each Facility it owns and operates as set forth on Exhibit "A".


Company:
DaVita Dialysis Contracting, LLC

By: *Vicki Burrier*

11/24/2014
Date

Name: Vicki Burrier, RN
Title: Division Vice President

Approved as to Form for DaVita HealthCare Partners Inc.:

By: 

Name: Amy Marie Sanford
Title: Associate General Counsel


[SIGNATURE PAGE FOR SPONSORING INSTITUTION TO FOLLOW]

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

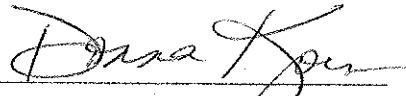
(Corporate Seal)

THE SCHOOL BOARD OF
BROWARD COUNTY, FLORIDA

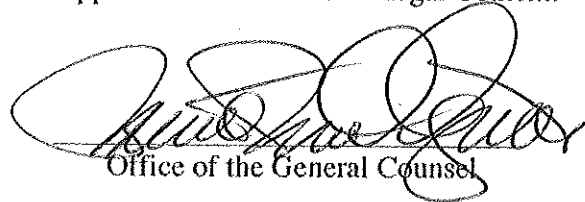
ATTEST:



Robert W. Runcie,
Superintendent of Schools

By 
Donna P. Korn, Chair

Approved as to Form and Legal Content:



03/05/15
Office of the General Counsel

EXHIBIT A

FACILITIES

Exhibit A

Facility Name	Regulatory Name	Street 1	Street 2	City	State	Zip	Phone	Facility Fax	Facility Administrator
176 POMPANO BEACH ARTIFICIAL KIDNEY CENTER	Total Renal Care, Inc.	600 SW 3RD ST	STE 1100	POMPANO BEACH	FL	33060-6992	9549425115	9549420946	Matthew Grey
177 TAMARAC ARTIFICIAL KIDNEY CENTER	Total Renal Care, Inc.	7140 W MONAB RD		TAMARAC	FL	33321-5906	9547205336	9547203626	Tracey Griffith
360 SOUTH BROWARD ARTIFICIAL KIDNEY CENTER	Total Renal Care, Inc.	4401 HOLLYWOOD BLVD		HOLLYWOOD	FL	33021-6609	9549622211	9549643546	Romeo Fuentes
361 PINE ISLAND KIDNEY CENTER	Total Renal Care, Inc.	1871 N PINE ISLAND RD		PLANTATION	FL	33322-5208	9549168958	9549168960	Surley Lago
365 COMPLETE DIALYSIS CARE	Total Renal Care, Inc.	7457 W SAMPLE RD		CORAL SPRINGS	FL	33065-4754	9547530248	9547553692	Martha Saa
2114 EMBASSY LAKES ARTIFICIAL KIDNEY CENTER	Renal Life Link, Inc	11011 SHERIDAN ST	STE 308	HOLLYWOOD	FL	33026-1505	9544309166	9544309329	Shaney Miller
3220 PLANTATION	DVA Renal Healthcare, Inc.	7061 CYPRESS RD	STE 103	PLANTATION	FL	33317-2243	9545832100	9545842463	Surley Lago
4035 BROWARD	DVA Healthcare Renal Care, Inc.	1500 N FEDERAL HWY	STE 100	FT LAUDERDALE	FL	33304-5600	9543968990	9543966988	Tracey Griffith
5589 OF FORT LAUDERDALE	Total Renal Care, Inc.	911 E OAKLAND PARK BLVD		OAKLAND PARK	FL	33334-2725	9543187000	9543187001	Fred Moldt
5681 PEMBROKE PINES DIALYSIS FORT LAUDERDALE DIXIE	Total Renal Care, Inc.	12145 PEMBROKE RD		PEMBROKE PINES	FL	33025-1727	9544352553	9544353361	Dolores Macheletti
5682 DIALYSIS	Total Renal Care, Inc.	1299 E COMMERCIAL BLVD	STE 100	OAKLAND PARK	FL	33334	9547766056	9547768088	Elsa Weinstein
5683 HALLANDALE DIALYSIS	Total Renal Care, Inc.	2655 HOLLYWOOD BLVD		HOLLYWOOD	FL	33020-4840	9549259909	9549275852	Christine Collins
5684 SOUTH FLORIDA DIALYSIS	Total Renal Care, Inc.	1 OAKWOOD BLVD	STE 100	HOLLYWOOD	FL	33020-1937	9548947500	9548947700	Christine Collins
5685 DAVIE CTTY DIALYSIS	Total Renal Care, Inc.	7950 SW 30TH ST		DAVIE	FL	33328-1979	9545772778	9545772710	Carmille Tate

EXHIBIT B

STATEMENT OF STUDENT'S RESPONSIBILITIES

I acknowledge that I voluntarily agree to participate in a student training program centered around the proper and safe operation of providing dialysis and/or peritoneal related services to patients with end-stage renal disease (the "Student Internship Program") operated by DaVita Dialysis Contracting, LLC ("Company"), which will be administered under the laws and regulations of the state where I complete the Student Internship Program. I understand that more information on Student Internship Program state laws and restrictions is available through my Facility administrator at the Student Internship Program Facility.

I also acknowledge and agree that in order to participate in the Student Internship Program and observe Company patients, I agree to act within the scope of instructions given to me, and I will always conduct myself in a safe and prudent manner. I also acknowledge that I have discussed and will continue to discuss the Facility operations with the appropriate members of the care team and/or faculty members of The School Board of Broward County, Florida d/b/a Atlantic Technical College ("Sponsoring Institution"), and have learned about the various risks and dangers that I may be exposed to when I enter the Facility. The risks we have discussed include, without limitation, the risk of exposure to blood products and fluids, which could result in exposure to and infection with the AIDS virus or hepatitis, as well as the risk of exposure to other infectious diseases, such as tuberculosis and other airborne diseases or pathogens and other inherent risks associated with interacting with the public and patients at the Facility.

I also understand I will not be asked to, and will not, enter any patient record information or submit any billing or reimbursement information under health care programs. All billing and patient information is entered by Company employees.

It is the intention of the Company that my Student Internship Program experience and activities be educational, pleasant, and rewarding. In the event that any Student Internship Program experience or observation I see which is questionable, objectionable or if I am uncomfortable with a task I am asked to do, I am urged to seek out Facility or Company management to voice my concerns privately with a Company manager. I am also free to call the DaVita Compliance Hotline at 888.458.5848 in the event I feel my concerns are not properly addressed in the Facility.

For and in consideration of the benefit provided to me in the form of observing, monitoring and assisting with appropriate administrative and clinical tasks detailed to me by the Facility manager or the mentor assigned to me, I and my 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 me while participating in the Student Internship Program operated by Sponsoring Institution at the Facility.

In addition to the foregoing, I and my heirs, successors, and/or assigns hereby covenant and agree to indemnify and hold harmless Company and Facility for any injury or loss sustained by me while participating in the Student Internship Program operated by Sponsoring Institution at Facility, or any injury or loss arising from my actions while participating in the Student Internship Program or being at the Facility.

Any capitalized terms not otherwise defined herein this Exhibit B have the meaning ascribed to them in the Student Training Agreement between Company and Sponsoring Institution.

Dated this _____ day of _____, 20_____.

Student's Signature

Student (Print Name)

Witness

Witness (Print Name)

Student was given a copy of this form: _____ (Company employee initials)

EXHIBIT C

CONFIDENTIAL INFORMATION AGREEMENT ("Agreement")

I understand the importance of preserving the confidential nature of the information of DaVita Dialysis Contracting, LLC ("Company"). This includes, but is not limited to, DaVita's, Company's, and Facility's data and records relative to business interests, computer systems and programs, projections, business plans, inventions, trade secrets, know-how, as well as information wherein DaVita, Company, or Facility has an obligation of confidentiality to a third party and information concerning any patient, employee, physician, independent contractor, student, fellow, or volunteer. I understand the necessity that such information not be compromised for any reason other than necessary business or medical communications and treatment needs.

I further understand that patient information, including but not limited to Protected Health Information, as defined by the HIPAA Privacy Rule at 45 C.F.R. 160.103 ("PHI"), is confidential and not to be discussed with or disseminated to anyone, either inside or outside Company, except on an as-needed basis for the treatment of the individual, payment related thereto, or for Company's healthcare operations in compliance with federal and state regulations. Unauthorized dissemination may be a violation of federal and state laws. My obligations with regard to this PHI include, but are not limited to, the following:

- (a) I agree to not use or disclose PHI other than as permitted or required by this Agreement or as permitted or required by law.
- (b) I agree to use appropriate physical and technical safeguards to prevent the use or disclosure of DaVita's or Company's PHI for any purpose other than pursuant to Sponsoring Institution's underlying Student Training Agreement.
- (c) I shall implement and maintain safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic Protected Health Information ("e-PHI") that I create, receive, maintain or transmit on behalf of DaVita or Company.
- (d) I agree that upon termination of this Agreement, Sponsoring Institution's Student Training Agreement, or the expiration or termination of my internship with Company, I will return or destroy all PHI received from or created or received on behalf of DaVita or Company. In the event that DaVita or Company determines that return or destruction is not feasible, I will extend the protections required in this Subsection (d) to the PHI and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.
- (e) Company and I agree to comply with all applicable rules and regulations promulgated under HIPAA in effect.
- (f) I will report to Company, within a reasonable time period of discovery, any (i) Security Incident, or (ii) Security Breach as defined at 45 C.F.R. Part 164, Subpart D. My report will include:

- (i) The nature of the non-permitted use or disclosure including how such use or disclosure was made;
- (ii) The unsecured PHI used or disclosed;
- (iii) If possible and applicable, the identity of the person/entity who received the unsecured PHI;
- (iv) What corrective action I took (if applicable);
- (v) What I did to mitigate any deleterious effect (if applicable); and
- (vi) Such other information as Company or DaVita may request.

(g) At all times during the term of this Agreement, I will comply with all applicable federal, state and local laws, rules and regulations pertaining to patient records and the confidentiality of patient information, including DaVita's or Company's PHI.

I am also aware and fully understand that any violation of this Agreement is grounds for corrective action, up to and including immediate termination of any agreement between Company or DaVita and any of their subsidiaries and/or related organizations by which I am bound.

(Any capitalized terms not defined in this Agreement will have the meaning given to them in the underlying Student Training Agreement between Sponsoring Institution and Company.)

Student's Name Printed _____

Signature _____

Sponsoring Institution _____

Date _____