



# AGENDA REQUEST FORM

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

**Special Order Request**

Yes  No

**Time**

**Open Agenda**

Yes  No

ITEM No.:

F-1.

MEETING DATE

Feb 18 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 Plantation General Hospital Limited Partnership d/b/a Plantation General Hospital

**REQUESTED ACTION:**

Approve the continuation agreement between The School Board of Broward County, Florida and Plantation General Hospital Limited Partnership d/b/a Plantation General Hospital. The contract period is January 9, 2015 through January 8, 2017.

**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 continuation agreement with Plantation General Hospital Limited Partnership d/b/a Plantation General Hospital will provide 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 the 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) Summary Explanation and Background (2) Executive Summary (3) Plantation General Hospital Agreement (4) Plantation Hospital Term of Agreement

**BOARD ACTION:**

**APPROVED AS AMENDED**  
*See attached Amendment*  
(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

Approved In Open Board Meeting On:

**FEB 18 2015**

Signature

*Brian G. Kingsley*  
2/6/2015, 3:36:27 PM

By:

*Donna Kohn*

School Board Chair

**F-1 – Agreement between The School Board of Broward County, Florida and  
Plantation General Hospital Limited Partnership d/b/a Plantation General Hospital  
(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. A summary of the survey responses from each group indicates an overall rating of 81% as outstanding/above average for each survey question.

**F-1 Amendment February 18, 2015 Regular Meeting**

Motion to Amend (Carried)

Motion was made by Mrs. Good, seconded by Mrs. Rupert and carried, to amend that the contract period commence February 19, 2015. Mrs. Freedman and Mrs. Korn voted no. Mrs. Bartleman and Dr. Osgood were absent. (5-2 vote)

## EXECUTIVE SUMMARY

Below is an executive summary for Plantation General Hospital Limited Partnership d/b/a Plantation General Hospital 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	No financial impact to the District
Schools Included	Technical Colleges and High Schools with a Health Science Program.
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 Plantation General Hospital Limited Partnership d/b/a Plantation General Hospital that 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 A summary of the survey responses from facility, instructors and students indicates an overall rating of 81% as outstanding and above average.
Research Methodology	Relating to Evaluation Plan

## SCHOOL AFFILIATION AGREEMENT

THIS AFFILIATION AGREEMENT (the "Agreement") is made as of this **February 19, 2015** by and between **The School Board of Broward County, Florida** hereinafter referred to as "School" and **Plantation General Hospital Limited Partnership d/b/a/ Plantation General Hospital**, hereinafter referred to "Hospital".

### WITNESSETH:

WHEREAS, School offers to enrolled students in a **Health Service** program in the field of **High School Health Science Education** and

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

WHEREAS, School 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 for such purposes.

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

#### 1. RESPONSIBILITIES OF SCHOOL.

(a) **Clinical Program.** School shall be responsible for the implementation and operation of the clinical component of its program at Hospital ("Program"), which Program shall be approved in advance by Hospital. Such responsibilities shall include, but not be limited to, the following:

- (i) Orientation of students 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;
- (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.

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 shall require each Program Participant to sign a Statement of Responsibility, in the form attached hereto as Exhibit A, and a Statement of Responsibility and Confidentiality, in the form attached hereto as Exhibit B.
- (c) **Insurance.** School shall obtain and maintain, or shall require each individual Program Participant to obtain and maintain, occurrence-type general and professional liability insurance coverage in amounts not less than one million dollars (\$1,000,000.00) per occurrence and three million dollars (\$3,000,000.00) annual aggregate per Program Participant, with insurance carriers or self insurance programs approved by Hospital and covering the acts and omissions of Program Participants. If such coverage is provided on a claims-made basis, then such insurance shall continue throughout the term of this Agreement and upon the termination of this Agreement, or the expiration or cancellation of the insurance, School shall purchase, or shall require each individual Program Participant to purchase, tail coverage for a period of three years after the termination of this Agreement or the expiration or cancellation of the claim-made coverage (said tail coverage shall be in amounts and type equivalent to the claims-made coverage). School shall further, at its expense, obtain and maintain workers' compensation insurance and unemployment insurance for School employees assigned to Hospital. For all insurance required by this Paragraph 1(c), School shall require the insurance carrier notify Hospital at least thirty (30) days in advance of any cancellation or modification of such insurance policy and shall provide to Hospital, upon request, certificates of insurance evidencing the above coverage and renewals thereof.
- (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 at least once a year or as otherwise required by Florida law. School and/or the 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. In no event shall Hospital be financially or otherwise responsible for said medical care and treatment. Program Participants will present the following health records on the first day of their educational experience at Hospital (Program Participants will not be allowed to commence experiences until all records):
- (i) Tuberculin skin test within the past 12 months or documentation as a previous positive reactor; and
  - (ii) Proof of 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) Proof of Hepatitis B immunization or declination of vaccine, if patient contact is anticipated.
  - (v) Proof of Influenza vaccination during the Flu season, October 1 to March 31, (or dates defined by CDC). If the Program Participant declines the Influenza vaccination, he/she will not be permitted on the facility premises during the designated flu season period.

- (e) **Dress Code; Breaks.** School shall require the students to dress in accordance with dress and personal appearance standards approved by School. 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 School 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 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 School as may be in effect from time to time. Neither School nor any Program Participant shall interfere with or adversely affect the operation of Hospital or the performance of services therein.
- (g) **Background Checks.** School represents that it will timely conduct (or will timely have conducted) a background check on each and every Program Participant at the Hospital. Said background check shall include, at a minimum, the following:
- (i) Social Security Number Verification;
  - (ii) Criminal Search (7 years or up to 5 criminal searches);
  - (iii) 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*);
  - (iv) Violent Sexual Offender and Predator Registry Search;
  - (v) HHS/OIG List of Excluded Individuals/Entities;
  - (vi) GSA List of Parties Excluded from Federal Programs;
  - (vii) Education verification (Highest Degree Received)
  - (viii) U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN);
  - (ix) Applicable State Exclusion List, if one.

The background check for Program Participants who are licensed or certified caregivers shall include 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 shall provide an *Attestation of Satisfactory Background Investigation and Drug Screening* in the form attached hereto as the Exhibit C prior to each student and staff/faculty member's participation in the Program at the Hospital. Should the School become aware that a Program Participant is no longer able to attest to the criteria detailed in exhibit C, School shall immediately remove said Program Participant from the Program.

(h) **Drug and Alcohol Testing.** School represents that it will timely conduct (or will have timely conducted) a drug screening test on each and every Program Participant.

(i) Pre-Placement Testing: To ensure the accuracy and fairness of the testing program, all collection and testing will be conducted pursuant to guidelines established by the Medical Review Officers of the testing facility and, if applicable, in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines; a confirmatory test; the opportunity for a split sample; review by an MRO, including the opportunity for program participants who test positive to provide a legitimate medical explanation, such as a physician's prescription, for the positive result; and a documented chain of custody. Substances tested prior to placement at Hospital must at a minimum include amphetamines, barbiturates, benzodiazepines, opiates, marijuana, codeine, and cocaine.

(ii) While participating in the Program on Hospital Premises, each Program Participant will be required to comply with the Hospital's policy on ***Substance Use in the Workplace***. A copy of the policy will be provided to the Program Participant at the Program Participant's orientation to the Hospital. Among other requirements of the policy, the policy requires:

a. a Program Participant to notify his supervisor whenever he is taking a prescribed or over-the-counter drug that the Program Participant has been advised will, or based upon the drug profile is likely to, impair job performance (e.g. drowsiness or diminished ability to focus);

b. a Program Participant to notify his or her supervisor whenever the Program Participant has reasonable concerns that another employee or Program Participant has violated the policy;

c. that by entering Hospital property, each Program Participant consents to a search or inspection of the Program Participant's person or property in the event that a supervisor has reasonable suspicion that the Program Participant has violated the policy; and

d. that Program Participants will be required to undergo drug and alcohol testing upon reasonable suspicion that the Program participant has violated the policy, or after any "on-the-job" accident which involves injury requiring medical treatment or evaluation to the Program Participant or another person, or property damage. Reasonable suspicion and reportable accident testing should include amphetamines, barbiturates, benzodiazepines, carisoprodol, opiates, fentanyl analogues, methadone, meperidine, marijuana, and cocaine.

Upon suspicion of alcohol abuse, testing for the presence of alcohol will be conducted by analysis of breath, saliva, blood or other accepted testing methodology.

Upon suspicion of drug abuse, testing for the presence of the metabolites of drugs will be conducted by the analysis of urine, blood, saliva, or other accepted testing methodology.



Should the initial drug screening test disclose adverse information as to any Program Participant, Hospital shall have no obligation to accept the Program Participant at the Hospital. To the extent that any Program Participant violates the policy for drug or alcohol abuse after placement at the Hospital, or refuses to cooperate with the requirement for a search or reasonable suspicion and reportable accident testing, then the Hospital may immediately remove the Program Participant from participation in the Program at the Hospital.

- (i) **School Status.** School represents and warrants to Hospital that the School 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 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 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 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 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's 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, Hospital shall assist School in the evaluation of each Program Participant's performance in the Program. However, School 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 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 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 School 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 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 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, disability or any other basis prohibited by law, 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 disability, the disability 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 without waiving any defenses, School 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, including reasonable attorneys' fees, relating to or arising out of School's negligence or the negligence of any of its faculty, agents, representatives and employees under this Agreement. Hospital shall indemnify School against liabilities, claims, damages and expenses, including reasonable attorneys' fees, incurred by School in defending or compromising actions brought against School arising out of or related to the Hospital's performance of duties hereunder. Nothing contained herein is intended to nor shall act as a waiver of School's sovereign immunity except as permitted in §768.28, Florida Statutes.

**8. CONFIDENTIALITY.**

School 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. School shall not disclose the terms of this Agreement to any person who is not a party to this Agreement, except as required by law 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.

**9. TERM; TERMINATION.**

- (a) The initial term of this Agreement shall be 2 years, commencing on **February 19, 2015** and ending on **February 18, 2017**.
- (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.

**15. ASSIGNMENT; BINDING EFFECT.**

School 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:

Plantation General Hospital  
401 NW 42<sup>nd</sup> Avenue  
Plantation, FL 33317  
Attention: Randy Gross, CEO

Copy to:

HCA  
One Park Plaza, Bldg. 1, 2-East  
Nashville, TN 37203  
Attention: Operations Counsel

If to School: **Curriculum Supervisor**  
**Career, Technical, Adult and Community Education**  
**The School Board of Broward County, Florida**  
**Atlantic Technical College – Arthur Ashe, Jr. Campus**  
**1701 NW 23<sup>rd</sup> Avenue,**  
**Fort Lauderdale, FL 33311**

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.**

To the extent applicable to this Agreement, the School agrees to comply with the Health Information Technology for Economic and Clinical Health Act of 2009 (the "HITECH ACT"), the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC § 1320d through d-8 ("HIPAA") and any current and future regulations promulgated under either the HITECH Act or HIPAA including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), the federal security standards contained in 45 C.F.R. Parts 160, 162 and 164 (the "Federal Security Regulations") and the federal standards for electronic Transactions Regulations", all as may be amended from time to time, and all collectively referred to herein as "HIPAA Requirements.". The School further agrees not to use or disclose any Protected Health Information (as defined in 45 C.F.R. § 164.501) or Individually Identifiable Health Information (as defined in 42 USC § 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement.

The School 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. COMPLIANCE WITH HOSPITAL POLICIES AND PROCEDURES.**

School and Program Participants shall comply with Hospital Policies and Procedures to the extent such Hospital Policies and Procedures do not conflict with the terms of this Agreement.

**20. NO REQUIREMENT TO REFER.**

Nothing in this Agreement requires or obligates School 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.

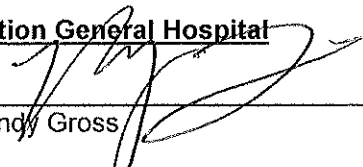
**The School Board of Broward County, Florida**

By: \_\_\_\_\_

Title: \_\_\_\_\_

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

**Plantation General Hospital**

By:  \_\_\_\_\_  
Randy Gross

Title: **Chief Executive Officer**

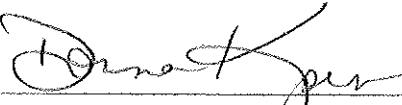
Date: 3/13/15


THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

(Corporate Seal)

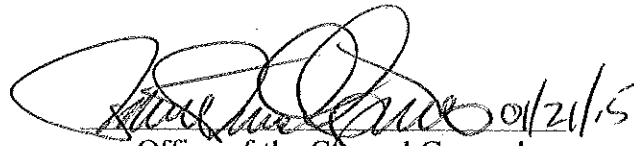
THE SCHOOL BOARD OF  
BROWARD COUNTY, FLORIDA

ATTEST:

By   
Donna P. Korn, Chair

  
Robert W. Runcie,  
Superintendent of Schools

Approved as to Form and Legal Content:

  
Office of the General Counsel

**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 **Plantation General 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 \_\_\_\_\_ 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**  
**STATEMENT OF RESPONSIBILITY AND CONFIDENTIALITY**

A. For and in consideration of the benefit provided to me in the form of experience to be gained in the evaluation and treatment of patients at Hospital, I agree to assume the risks and to be solely responsible for any injury or loss I sustain while participating in the Program operated by \_\_\_\_\_ at Hospital except to the extent such injury or loss is due to the negligence or willful misconduct of Hospital.

B. I hereby acknowledge my responsibility under the Federal Health Information Technology for Economic and Clinical Health Act of 2009 (the "HITECH Act"), and the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d through d-8 ("HIPAA") and any current and future regulations promulgated under either the HITECH Act or HIPAA, and the Agreement between School and Hospital, to keep confidential any information regarding Hospital patients. I agree, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient except as required by law or as authorized by Hospital.

I also acknowledge that during my participation in the Program, I will have access to and become acquainted with the confidential information and trade secrets of Hospital, including but not limited to information about: the Hospital (including its affiliates), its trade secrets, proprietary information, arrangements with suppliers or payors, its patients, patient groups, patient lists, and their personal, medical or financial information, billing practices and procedures, business techniques and methods, strategic plans, operations and related data, technical data, records, compilations of information, processes and specifications or any other information or material which derives economic value, actual or potential, from not being generally known to other persons or is the subject of efforts that are reasonable under the circumstances to maintain its secrecy or confidentiality (collectively, the "Confidential Information"). I acknowledge and agree that all Confidential Information is the property of Hospital and used in the course of Hospital's business, and shall be proprietary information protected under the Uniform Trade Secrets Act.

I agree to keep strictly confidential and hold in trust all Confidential Information of Hospital, and shall not disclose to any third party, directly or indirectly, either during the term of my rotation at Hospital or at any time thereafter, any Confidential Information, or use any Confidential Information other than in the course of participating in the clinical learning experience at Hospital and fulfilling the educational requirements of the Program, without the express prior written consent of Hospital.

I agree that all files, records, documents, drawings, specifications, computer software, memoranda, notes, or other documents relating to the business of Hospital or its Confidential Information, whether prepared by me or otherwise coming into my possession, shall be the exclusive property of the Hospital and without the prior written consent of Hospital, shall not be removed from Hospital's premises or retained by me after conclusion of my rotation at Hospital.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Program Participant

\_\_\_\_\_  
Program Participant -- print name



**EXHIBIT C**

**Attestation of Satisfactory Background Investigation and Drug Screening**

On behalf of \_\_\_\_\_, I acknowledge and attest to Hospital that we own, and have in our possession, a background investigation report on the individual identified below. Such background investigation and drug screening is satisfactory in that it:

\_\_\_\_\_ does not reveal any felony conviction or misdemeanor conviction (within the past seven years), including adjudication withheld;

\_\_\_\_\_ does not reveal ineligibility for rehire with any former employer or otherwise indicate poor performance;

\_\_\_\_\_ confirms the individual is not on either the GSA or OIG exclusion lists;

\_\_\_\_\_ confirms the individual is not listed as a violent sexual offender;

\_\_\_\_\_ confirms this individual is not on the U.S. Treasury Department's Office of Foreign Assets Control list of Specially Designation Nationals;

\_\_\_\_\_ no other aspect of the investigation required by Employer reveals information of concern; and

\_\_\_\_\_ does not reveal the illegal use of drugs.

I further attest 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 and/or the drug screening.

Identified Individual Subject to the Background Investigation:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address




\_\_\_\_\_  
Date of Birth


\_\_\_\_\_  
Social Security Number

I also acknowledge and agree 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)

\_\_\_\_\_  
Signature

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

From:  <Cynthia.Vincennie@hcahealthcare.com> 1/28/15 1:20:...   
Subject: FW: School Affiliation Agreement  
To:  John Felser

Attachments:  School Board of Broward County - LPN and Health Science.p...

Thank you John for reaching out to me this afternoon with respect to the current School Board of Broward County School Affiliation Agreement. As we discussed, the prior two year arrangement (attached for your edification) expired on January 9, 2015 (see page 5 under clause entitled Term & Termination), thus the new agreement would commence immediately afterward. Bottom line, regardless of when the Board meets, it should have no bearing on the start date of the agreement.

Please let me know if you have any further questions or concerns, as it would be my pleasure to assist you. Also, I'm happy to provide a copy of the current fully executed agreement if you require one.

Thanks in advance for your kind consideration.

Cynthia

**Cynthia A. Vincennie, BA | Contracts Administrator**

Plantation General Hospital | 401 NW 42nd Avenue | Plantation, FL 33317

Phone 954.513.6683 | Fax 954.513.6977

This email and any files transmitted with it may contain PRIVILEGED or CONFIDENTIAL information and may be read or used only by the intended recipient. If you are not the intended recipient of the email or any of its attachments, please be advised that you have received this email in error and that any use, dissemination, distribution, forwarding, printing, or copying of the email or any attached files is strictly prohibited. If you have received this email in error, please immediately purge it and all attachments and notify the sender by reply email or contact the sender at the number listed.