

## AFFILIATION AGREEMENT

This Agreement is made and entered into as of this \_\_\_\_ day of \_\_\_\_\_, 2017, by and between **THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA** (“School Board”) and **THE BOARD OF COUNTY COMMISSIONERS OF SARASOTA COUNTY, FLORIDA** (“Health Care Facility”).

### WITNESSETH:

WHEREAS, School Board offers to enrolled students a **Health Science** program; and  
WHEREAS, Health Care Facility manages a health care facility; and  
WHEREAS, School Board desires to provide to its students a clinical learning experience through the application of knowledge and clinical skills in actual patient-centered situations in a health care facility; and  
WHEREAS, Health Care Facility has agreed to make its facility available to School Board for such purposes.

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

#### 1. **Responsibilities of School Board**

- (a) **Clinical Program**: School board shall be responsible for the implementation and operation of the clinical component of its program (“Program”) at Health Care Facility, which Program shall be approved in advance by Health Care Facility. Such responsibilities shall include, but not be limited to, the following:
  - (i) orientation of students to the clinical experience at Health Care Facility;
  - (ii) provision of classroom theory and practical instruction to students prior to their clinical assignments at Health Care Facility;
  - (iii) preparation of student/patient assignments and rotation plans for each student and coordination of same with Health Care Facility;
  - (iv) continuing oral and written communication with Health Care Facility regarding student performance and evaluation, absences and assignments of students and other pertinent information;
  - (v) supervision, in coordination with Health Care Facility, of students and their performance at Health Care Facility;
  - (vi) participation, with the students, in Health Care Facility’s Quality Assurance and related programs;
  - (vii) performance of such other duties as may from time-to-time be agreed to between School Board and Health Care Facility;All students, faculty, employees, agents and representatives of School Board participating in the Program at Health Care Facility (the “Program Participants”) shall coordinate their activities with the Health Care Facility’s Coordinator of Education.
- (b) **Student Statements**: School Board shall require each Program Participant to sign a Release of Liability and Participation Agreement in the form attached hereto as Exhibit A and a confidentiality agreement in the form attached hereto as Exhibit B.
- (c) **Insurance** School Board is self-insured for liability purposes.
- (d) **Health of Participants**: All Program Participants shall pass a medical examination acceptable to Health Care Facility and prove free of tuberculous, verified via School Board application paperwork, prior to their participation in the Program at Health Care Facility at least once a year or as otherwise required by Florida law. School Board or the Program Participant shall be responsible for arranging for the Program Participant’s medical care and/or treatment, if necessary, including transportation, in cases of illness or injury while participating in the Program at Health Care Facility. In no event shall Health Care Facility be financially responsible for said medical care and treatment.
- (e) **Dress Code; Breaks**: School Board shall require the students to dress in accordance with dress and personal appearance standards approved by the School Board. Such standards shall be in accordance with Health Care Facility’s standards regarding same. All Program Participants shall remain on the Health Care Facility premises for breaks, including meals. Program Participants shall pay for their own meals at Health Care Facility.
- (f) **Performance of Services**: All faculty provided by School Board shall be duly licensed, certified, or otherwise qualified to participate in the Program at Health Care Facility. School Board shall have a specially designated staff for the performance of the services specified herein. School Board and all

Program Participants shall perform 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 and rules and regulations of Health Care Facility, and any rules and regulations of School Board as may be in effect from time-to-time. Neither School Board nor any Program Participant shall interfere with or adversely affect the operation of Health Care Facility or the performance of services therein.

- (g) Eligibility of Students: All students will undergo a Level 1 and Level 2 Criminal Background Check prior to participation at Health Care Facility.

2. **Responsibilities of Health Care Facility**

- (a) Health Care Facility shall accept the students assigned to the Program by School Board and cooperate in the orientation of all Program Participants to Health Care Facility. Health Care Facility shall provide the opportunities for such students, who shall be supervised by School Board and Health Care Facility, to observe and assist in various aspects of nursing, EMS and allied healthcare fields. Health Care Facility shall coordinate School Board's rotation and assignment schedule with its own schedule and those of other educational institutions. Health Care Facility shall at all times retain ultimate control of the Health Care facility and responsibility for patient care.
- (b) Upon the request of School Board, Health Care Facility shall assist School Board in the evaluation of each Program Participant's performance in the Program. However, School Board shall at all times remain solely responsible for the evaluation and grading of Program Participants, and shall, to the extent allowed by law, indemnify and hold harmless Health Care Facility for any expense or claim incurred by Health Care Facility as a result of Health Care Facility's assistance in evaluation and grading of Program Participants hereunder.

3. **Withdrawal of Program Participant**

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

4. **Independent Contractor**

The parties hereby acknowledge that they are independent contractors, and neither the School Board nor any of its agents, representatives, students, or employees shall be considered agents, representatives, or employees of Health Care Facility, nor shall Health Care Facility or any of its agents, employees or representatives be considered agents, representatives, or employees of School Board. In no event shall this Agreement be construed as establishing a partnership or joint venture or similar relationship between the parties hereto. School Board 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 Health Care Facility for any salaries, insurance, or other benefits.

5. **Confidentiality**

Except as required by law, School Board and its Program Participants agree to keep strictly confidential and hold in trust all confidential information of Health Care Facility and/or its patients and not disclose or reveal any confidential information to any third party without the express prior written consent of Health Care Facility. Unauthorized disclosure of confidential information shall be a material breach of this Agreement and shall provide Health Care 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 School Board.

6. **Indemnification**

School Board, to the extent allowed by law, and in an amount not to exceed the tort liability limits in §768.28, F.S., shall indemnify and hold harmless Health Care Facility 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 any act or omission of the School Board or the Program Participants under this Agreement, including, but not limited to, claims for personal injury, professional liability



School Board: The School Board of Sarasota County, Florida  
Attention: Suncoast Technical College Director  
4248 Beneva Road  
Sarasota, Florida 34233

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

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement as of the date first hereinabove stated.

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA

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

\_\_\_\_\_, Chair

Approved for Legal Content  
November 2, 2017, by Matthews, Eastmoore,  
Hardy, Crauwels & Garcia,  
Attorneys for The School Board of Sarasota County, Florida  
Signed: ASH

SARASOTA COUNTY  
BOARD OF COUNTY COMMISSIONERS OF SARASOTA  
COUNTY, FLORIDA

BY: \_\_\_\_\_

CHAIRMAN

DATE: \_\_\_\_\_

ATTEST:  
KAREN E. RUSHING, Clerk of the Circuit  
Court and Ex-Officio Clerk of the Board  
Of County Commissioners

BY \_\_\_\_\_  
DEPUTY CLERK

Approved as to form and correctness:

BY: \_\_\_\_\_  
COUNTY ATTORNEY

*EXHIBIT A*

**RELEASE OF LIABILITY  
AND PARTICIPATION AGREEMENT**

In consideration of my participation in the Clinical Training Program (“Program”), provided by an agreement between the Sarasota County School Board and the Board of County Commissioners of Sarasota County (“Health Care Facility”), I hereby agree as follows:

1. **Student Status.** I understand and agree that I am a student or participant in the Program, and not an employee of the Health Care Facility for any purpose and that as a student or participant I am not entitled to any of the benefits employees of the Health Care Facility receive, including, but not limited to, wages or other compensation, insurance and worker’s compensation coverage.
2. **Release of Liability.** I understand that my participation in the Program could result in injury or death to myself due to the inherent nature of the Program. I fully accept and assume responsibility for all such risks and all responsibility for losses, costs and damages that I, my family or my estate incur as a result of my participation in the Program, and forever waive and release any claims based on such injury or death, unless the injury or death is a result of negligence or intentional misconduct by the Health Care Facility, its employees or agents.
3. **Not a Minor.** I warrant that I am at least eighteen (18) years of age.
4. **Independent Legal Advice.** I am signing this Release of Liability and Student Participation Agreement freely and voluntarily, I have been provided with the opportunity to seek independent legal advice as to the effect of this agreement.

Dated: \_\_\_\_\_

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Program Participant Name

\_\_\_\_\_  
Print Witness Name

**EXHIBIT B**

**HIPAA – Confidentiality of Protected Health Information**  
Sarasota County Emergency Services, a business unit of Sarasota County Government  
Student/Intern/Faculty Confidentiality Agreement

**IMPORTANT:** Please read all sections. If you have any questions, please ask before signing.

**1. Confidentiality of Patient Information**

I understand and acknowledge that: (i) services provided to patients are private and confidential; (ii) to enable such services to be performed, patients provide personal information with the exception that it will be kept confidential and used only by authorized persons a necessary; (iii) all personally identifiable information provided by patients or regarding medical services provided to patients, in whatever form such information may exist, including oral, written, printed, photographic and electronic formats (collectively, the “Confidential Information”) is strictly confidential and is protected by federal and state laws and regulations that prohibit its unauthorized use or disclosure, and (iv) in the course of my association with Sarasota County Emergency Services, I may be given access to certain Confidential Information.

**2. Disclosure, Use and Access**

I agree that, except as authorized in connection with my assigned duties, I will not at any time use, access or disclose any Confidential Information to any person (including but not limited to co-workers, students, friends and family members). I understand that this obligation remains in full force during the entire term of my participation in any program and continues in effect after such association terminates. **I agree to report unauthorized use or disclosure of Confidential Information, or security issues affecting systems that contain or give access to Confidential Information,** to Ethics and Compliance Officer, 1660 Ringling Blvd, 4<sup>th</sup> floor, Sarasota, FL 34236, Phone (941) 861-5000.

**3. Confidentiality Policy**

I agree that I will comply with all confidentiality policies that apply to me as a result of my association. I understand that I would not be able to participate in any program with Sarasota County Emergency Services or have access to Confidential Information without this agreement.

**4. Return of Confidential Information**

Upon the termination of my association with Sarasota County Emergency Services for any reason, or at any other time upon request, I agree to promptly return to Sarasota County Emergency Services all copies of Confidential Information then in my possession or control (including all printed and electronic copies).

**5. Remedies**

I understand and acknowledge that the restrictions and obligations I have accepted under this Agreement are reasonable and necessary in order to protect the interests of patients and Sarasota County Emergency Services. **I understand that if I do not keep Confidential Information confidential, or if I allow or participate in inappropriate disclosure or access to Confidential Information, I will be subject to immediate disciplinary or corrective action, including loss of access privileges to Sarasota County Emergency Services property and facilities.** I understand that unauthorized access, use, or disclosure of Confidential Information may also violate federal and state law, and may result in criminal and civil penalties.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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