CLINICAL FACILITY AFFILIATION AGREEMENT

This agreement ("Agreement") is by and between TEXAS A&M UNIVERSITY-CORPUS CHRISTI (hereafter referred to as "University"), a member of The Texas A&M University System, an agency of the State of Texas and [FULL NAME OF CLINICAL FACILITY] (hereafter referred to as "Clinical Facility"), a licensed health care facility.

University, through its College of Nursing and Health Sciences offers a course of study for nursing (hereafter referred to as "Nursing Program"). A critical component of the Nursing Program is providing students with an opportunity to directly apply knowledge and skills gained in the classroom in a clinical setting.

University and Clinical Facility share a mutual interest in providing students in the Nursing Program with experience in clinical care and agree to cooperate in the conduct of educational activities (hereafter referred to as "Clinical Placement" or "Clinical Placement Program") as described below:

I. PURPOSE OF AGREEMENT

This Agreement sets forth the terms under which Clinical Facility will provide University faculty, staff, and student access to its facilities consistent with the purpose of this Agreement. This Agreement also establishes the manner in which University will access the Clinical Facility so that the well being of the Clinical Facility, its staff and patients will not be jeopardized.

II. TERM OF AGREEMENT

This Agreement shall become effective when executed by both parties and shall remain in effect from [Start Date] through [End Date] unless sooner terminated as provided in this Agreement. Either party may terminate this Agreement without cause by giving thirty (30) days written notice to the other. University students scheduled to participate in the Clinical Placement at the time of any such termination shall be allowed to complete their assigned rotations.

III. SCOPE OF THE CLINICAL PLACEMENT

Neither University nor Clinical Facility will incur any financial obligation to the other as a result of this Agreement. University and Clinical Facility acknowledge that the ultimate responsibility for all patient care remains with Clinical Facility and students will not provide services apart from its educational value.
IV. RESPONSIBILITIES OF UNIVERSITY

University agrees to:

1. Select students for the participation in Clinical Placement, selecting only those students with a satisfactory record in the Nursing Program and who have met University requirements;

2. Be responsible for making the decision to exclude or remove students from the Clinical Placement Program; and the Clinical Facility will adhere;

3. Provide Clinical Facility with copies of the course outline and course objectives, evaluation criteria as requested and a tentative list of course instructors and their qualifications before the beginning of each clinical rotation;

4. Maintain full responsibility and control for planning and execution of the Nursing Program, including curriculum, evaluation of students, administration, instructor appointments, and other matters which are normally reserved as University functions, such as granting degrees and advising students;

5. Make representatives of University available to Clinical Facility for assistance and consultation as the need arises and when possible;

6. Appoint in writing one or more representatives of University to communicate with the Clinical Facility representative(s) during the course of planning for student placement at Clinical Facility;

7. Provide Clinical Facility instructors and/or preceptors during times that students are at Clinical Facility. University will provide proof of licensure in Texas as registered nurses for all University faculty;

8. Advise students of their responsibilities regarding participation in the Clinical Placement, including the responsibility to exhibit professional conduct and to follow all rules and standards set by Clinical Facility and University;

9. Ensure students attend Clinical Placement orientation, if required by Clinical Facility;

10. Provide Clinical Facility with written Clinical Program objectives for each level of student assigned to Clinical Facility;
11. Prepare Clinical Program rotation schedules and ensure that Clinical Facility receives the student schedule before their assignment;

12. Provide to Clinical Facility, when requested, the following information regarding students:

   a. proof of personal liability insurance coverage to be carried by each student;

   b. proof of each student’s current immunizations as required;

   c. proof of current basic life support (b/s) for health care providers; and

   d. confidentiality statements executed by each student in a form attached as Exhibit “A”;

13. Educate students on communicable disease reporting guidelines; and

14. Notify student, staff and faculty that Clinical Facility requires a criminal history background check on each and every student, staff and faculty member as a condition for participation in the Clinical Placement Program. The student, staff or faculty member will be required to personally obtain the criminal background check. Clearance information will be provided to Clinical Facility by University. Should the background check disclose adverse information, the student, staff or faculty member shall immediately be removed from participation in the Clinical Placement Program at Clinical Facility.

V. RESPONSIBILITIES OF CLINICAL FACILITY

Clinical Facility agrees to:

1. Provide an on-site educational experience which is pertinent and meaningful for students;

2. Designate and inform University of a liaison to schedule hours for students participating in the Clinical Placement Program;

3. Accept from University a number of students appropriate to the staff, space and operations of Clinical Facility;

4. Allow authorized representatives of University to participate in the Clinical Placement Program planning;
5. Make representatives of Clinical Facility available to University for assistance and consultation as the need arises and when possible;

6. Encourage and allow students to gain properly supervised clinical experience appropriate to each student’s level of knowledge and training;

7. Based on the availability of facilities, allow student access to departments appropriate to each student’s level of knowledge and training;

8. Immediately provide medical care in the event of acute injury or illness experienced by a student while participating in the Clinical Placement Program, the cost of such health care to be the sole responsibility of the student;

9. Initiate the documentation process for student exposures as well as notifying University for further follow up; draw and process baseline blood samples where appropriate for communicable disease exposures;

10. Be responsible for making the decision to exclude students from individual patient care; and the University and students will adhere;

11. Be responsible for making the decision to deny a student access to the health care facility by sending University written notice; and the University and student will adhere;

12. Permit the students, staff and faculty, at their sole cost and expense, to use Clinical Facility’s amenities such as the cafeteria, rest rooms, emergency rooms, conference areas and parking facilities on the same basis as that made available to its employees;

13. Provide training to students regarding the confidentiality requirements of Clinical Facility;

14. Provide an orientation for the students, staff and faculty participating in the Clinical Placement Program of the type and scope provided to its employees with respect to the physical facilities and equipment of Clinical Facility and its policies and procedures;

15. The Clinical Facility shall, if requested, evaluate the performance of assigned students on a regular basis using evaluation forms which are either supplied by the School or are acceptable to the School;

16. The Facility shall advise the School of any serious deficits noted in the ability of assigned students to progress toward achievement of the stated objectives of the Clinical Placement Program, and to assist the School and the student in attempting to correct these deficiencies; and
17. Comply with all applicable federal, state, and municipal laws, ordinances, rules, and regulations; have and maintain throughout the term of this Agreement all licenses/permits required for its facilities, personnel and staff; comply with all applicable requirements of any accreditation authority; and certify such compliance upon request by School.

VI. JOINT RESPONSIBILITIES

University and Clinical Facility agree to act jointly as follows:

1. For determination of the number of students to be assigned to the Clinical Placement Program shall be a joint decision based on staff and space available at Clinical Facility and eligible students enrolled in the Nursing Program who desire to be educated at Clinical Facility;

3. This Agreement does not prevent Clinical Facility from participation in any other program. Nor does this agreement prevent University from placing students with other licensed health care facilities;

4. University and Clinical Facility agree to assist each other in obtaining and maintaining approvals of regulatory agencies needed to conduct the Clinical Placements under this Agreement;

5. There will be on-going, open communication between University and Clinical Facility to promote understanding of the expectations and roles of both institutions in providing the Clinical Placement for students. University and Clinical Facility representatives will meet as needed at the convenience of both parties to coordinate and improve the Clinical Placement Program;

6. Either University or Clinical Facility may remove a student participating in the Clinical Placement Program if, in the opinion of either party, the student is not making satisfactory progress. Any student who does not satisfactorily complete the Clinical Placement Program or any portion of thereof may repeat the placement with Clinical Facility only with the written approval of both Clinical Facility and University;

7. At no time shall University students be considered representatives, employees or agents of University or Clinical Facility. University students are not eligible to receive payment for services rendered, replace or substitute for a University or Clinical Facility employee, or possess authority to enter into any form of agreement, binding or otherwise, on behalf of Clinical Facility or University;
8. Clinical Facility and University each acknowledge that neither party assumes liability for actions taken by nursing students during the time that they participate in the Clinical Placement Program with Clinical Facility;

9. University is not responsible for providing personal liability or medical insurance covering students. It is the student responsibility to provide proof of personal liability before starting the Nursing Internship Rotations;

10. Clinical Facility and University shall be responsible for training students regarding Blood borne Pathogens in accordance with the Occupational Safety and Health Administration’s (OSHA) Occupational Exposure to Blood borne Pathogens (29 CFR Part 1910.1030); and

11. As an agency of the State of Texas, University may not agree to indemnify or hold any party harmless from any liability or expenses. Neither party to this agreement shall be required to indemnify or hold the other harmless unless and until ordered to do so by a court of competent jurisdiction.

[OR ALTERNATIVE TWO]

University, to the extent permitted by the constitution and the laws of the State of Texas, and Clinical Facility agree to defend, indemnify and hold harmless the other party, and their respective agents, officers and employees from and against any and all liability or damages arising from the negligent or willful acts or omissions of the indemnifying party, its agents or employees, except in all cases to the extent arising from the negligence or intentional misconduct of the indemnified party, its agents or employees.

VII. FERPA

For purposes of this Agreement, pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA), the University hereby designates the Clinical Facility as a school official with a legitimate educational interest in the educational records of the students who participate in the Clinical Placement Program to the extent that access to the records are required by the Clinical Facility to carry out the Clinical Placement Program. The Clinical Facility agrees to maintain the confidentiality of the education records in accordance with the provisions of FERPA.
VIII.
HIPAA

University and Clinical Facility agree that:

1. Clinical Facility is a covered entity for purposes of the Health Insurance Portability and Accountability Act (HIPAA) and subject to 45 CFR Parts 160 and 164 (“the HIPAA Privacy Regulation”);

2. To the extent that University students are participating in the Clinical Placement Program and University faculty are providing supervision at the Clinical Facility as part of the Clinical Placement Program, such students and faculty members shall:
   a. be considered part of Clinical Facility’s workforce for HIPAA compliance purposes in accordance with 45 CFR §164.103, but shall not be construed to be employees of Clinical Facility;
   b. receive training by Clinical Facility on, and subject to compliance with, all of Clinical Facility’s privacy policies adopted pursuant to the HIPAA Privacy Regulation; and
   c. not disclose any Protected Health Information, as that term is defined by 45 CFR §160.103, to University which a student accessed through participation in the Clinical Placement Program or a faculty member accessed through the provision of supervision at Clinical Facility that has not first been de-identified as provided in 45 CFR §164.514(a);

3. University will not access or request to access any Protected Health Information held or collected by or on behalf of Clinical Facility, from a student or faculty member who is acting as a part of the Clinical Facility’s workforce as set forth above, or any other source, that has not first been de-identified as provided in 45 CFR §164.514(a); and

4. No services are being provided to Clinical Facility by University pursuant to this Agreement and therefore this Agreement does not create a “business associate” relationship as that term is defined in 45 CFR §160.103.

VIII.
MISCELLANEOUS PROVISIONS

1. Execution and modification. This Agreement is binding only when signed by both parties. Any modifications or amendments must be in writing and signed by both parties;
2. **Assignment.** This Agreement, with the rights and privileges it creates, is assignable only with the written consent of both parties;

3. **Force Majeure.** Each party shall be excused from any breach of this Agreement which is proximately caused by government regulation, war, strike, act of God, or other similar circumstance normally deemed outside the control of well-managed businesses;

4. **Entire Agreement.** This Agreement contains the entire understanding of the parties with respect to the Clinical Placement Program and supersedes all other written and oral agreements between the parties with respect to the Clinical Placement Program. It is acknowledged that other contracts may be executed. Such other agreements are not intended to change or alter this Agreement unless expressly stated in writing;

5. **Governing Law.** This Agreement is construed under the laws of Texas. Venue is in Nueces County, Texas;

6. **Independent Contractor Status.** This Agreement will not be construed as creating an employer/employee relationship between University and Clinical Facility or the students;

7. **Headings.** Headings appear solely for convenience of reference. Such headings are not part of this Agreement and shall not be used to construe it;

8. **Provisions.** If any provision or provisions of this Agreement shall be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby;

9. **Notice.** Any notices required by this agreement shall be delivered to the following address:

   **University:**
   Texas A&M University - Corpus Christi
   6300 Ocean Drive, MS 5731
   Corpus Christi, Texas 78412
   Attn: Director of Contracts, or authorized designee

   **Clinical Facility:**
   [Full Name of Clinical Facility]
   [Address]
   [City, State Zip]
   Attn: [Full Name], [Title]

The dispute resolution process provided in Chapter 2260, *Texas Government Code*, and the related rules adopted by the Texas Attorney General pursuant to Chapter 2260, shall be used by University and Clinical Facility to attempt to resolve any claim for breach of contract made by Clinical Facility that cannot be resolved in the ordinary course of business. Clinical Facility shall submit written notice of a claim of breach of contract under this Chapter to Director of Contracts and Property of University, who shall examine Clinical Facility’s claim and any counterclaim and negotiate with Clinical Facility in an effort to resolve the claim; and

11. Public Information.

(a) Clinical Facility acknowledges that University is obligated to strictly comply with the Public Information Act, Chapter 552, *Texas Government Code*, in responding to any request for public information pertaining to this Agreement, as well as any other disclosure of information required by applicable Texas law.

(b) Upon University’s written request, Clinical Facility will provide specified public information exchanged or created under this Agreement that is not otherwise excepted from disclosure under chapter 552, Texas Government Code, to Texas A&M University – Corpus Christi in a non-proprietary format acceptable to University. As used in this provision, “public information” has the meaning assigned Section 552.002, *Texas Government Code*, but only includes information to which University has a right of access.

(c) Clinical Facility acknowledges that University is required to post a copy of the fully executed Agreement on its Internet website in compliance with Section 2261.253(a)(1), *Texas Government Code*.

EXECUTED by University and Clinical Facility through their respective duly appointed officers.

TEXAS A&M UNIVERSITY-CORPUS CHRISTI

By: ____________________________ Date: __________

Dr. Norman ‘Ted’ Guffy
Interim & VP for Academic Affairs
Clinical Facility Affiliation Agreement (Template revised 2/16/16)

By: _____________________________ Date: ____________

Julie Anne Hoff, PhD, MPH, RN
Professor and Dean
College of Nursing & Health Sciences

[FULL NAME OF CLINICAL FACILITY]

By: _____________________________ Date: ____________

[Name], [Title]
DISCLOSURE

Texas A&M University-Corpus Christi University expressly discloses that students participating in the Clinical Placement Program might be required to provide a health and immunization report, proof of medical insurance coverage, and may be subject to a criminal background check as a prerequisite to entering the Program. The Program students may be excluded from the Program based on information provided in such reports.

CONFIDENTIALITY AGREEMENT

Student agrees and understands that some patient and employee information is confidential. This information may be from any source and in any form. Student understands that confidential information may include, but is not limited to, the examples of breach of confidentiality noted below, and the following types of information:

1. Patient and/or Family Member information such as patient records, conversations with health care providers, and financial records.

2. Employee, Volunteer, Student, and Contractor information such as salaries, employment records, and disciplinary actions.

3. Business Operations Information such as financial records, business reports, memos, contracts, computer programs and software, and technology.

4. Third Party information such as vendor contracts, computer programs, and technology.

5. Operations, Improvements, Quality Assurance, and Peer Review information such as reports, presentations, and survey results.

6. Examples of breaches of confidentiality; what a student should not do:

   A. Accessing information that you do not need to accomplish your learning objective:

      • Unauthorized reading of a patient’s financial account information
      • Unauthorized reading of a patient’s medical chart
      • Accessing information about yourself, your children or family members, your friends or other students
B. Sharing, copying or changing information without proper authorization:

- Making unauthorized marks or comments on a patient's chart
- Making unauthorized changes to an employee file
- Discussing confidential information in a public area, such as a waiting room or elevator
- Unauthorized disclosure of patient’s financial account information
- Unauthorized disclosure of patient’s medical information and/or chart
- Removal of official documents from the agency such as patient records (either part or whole)

C. Sharing of sign-on code and password, if student has been given computer access at health care facility:

- Giving anyone your password, so he or she can log into your files
- Giving an unauthorized person the access codes for employee files or patient accounts
- Using someone else’s password to log into the health care facility computer system
- Unauthorized use of a login code to access employee files or patient accounts
- Using someone else’s computer after she/he has logged in, to access information for which you do not have authorization
- Allowing anyone to use your computer after logging for him/her to access information for which he/she does not have authorization

7. **Student agrees to:**

A. Only access confidential information if necessary to accomplish the learning objectives of the Clinical Placement Program

B. Not release any information that may be confidential without verification that the release is authorized

C. Follow any and all licensed health care facility procedures for dealing with confidential information, including the destruction of such information

D. Keep computer access password a secret, and to not use anyone else’s computer access password, if applicable

E. Notify supervisor of any known or suspected misuse of confidential information
8. Student has received training from the University regarding under the Health Insurance Portability and Accountability Act (HIPAA), Protected Health Information as defined in 45 C.F.R. Section 164.501 and Individually Identifiable Health Information as defined in 42 U.S.C. Section 1320d.

9. Student has received training from the University regarding Blood borne Pathogens in accordance with the Occupational Safety and Health Administration’s (OSHA) Occupational Exposure to Blood borne Pathogens (29 CFR Part 1910.1030).

10. Student understands that pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA), the University has designated the Clinical Facility as a school official with a legitimate educational interest in the educational records of the students who participate in the Clinical Placement Program to the extent that access to the records are required by the Clinical Facility to carry out the Clinical Placement Program. The Clinical Facility has agreed to maintain the confidentiality of the education records in accordance with the provisions of FERPA.

11. Student understands that Clinical Facility requires a criminal history background check on each and every student, staff and faculty member as a condition for participation in the Clinical Placement Program. Student will be required to personally obtain the criminal background check. Clearance information will be provided to Clinical Facility by University. Should the background check disclose adverse information, student shall immediately be removed from participation in the Clinical Placement Program at Clinical Facility.

Student agrees that he/she has read and understands this Disclosure and Confidentiality Agreement, and agrees to comply with its terms. Student understands that failure to comply with this Disclosure and Confidentiality Agreement may result in expulsion from the Clinical Placement Program, and/or civil and/or criminal penalties. By signing below, I hereby authorize University to release my criminal background check information to Clinical Facility as set out in Paragraph 11 herein.

Signature: __________________________
Print Name: _________________________
Dated: ____________________________