

**MEMORIAL HEALTH UNIVERSITY MEDICAL CENTER, INC.  
STUDENT APPLIED LEARNING EXPERIENCE AGREEMENT**

In consideration for participating in an applied learning experience (hereinafter referred to as the "A.L.E.") at Memorial Health University Medical Center, Inc. (hereinafter referred to as the "Facility") where I may participate in such an A.L.E., I hereby agree to the following:

1. To follow the administrative policies, standards and practices of the Facility when in the Facility.
2. The Facility will retain responsibility for the care of its clients and patients.
3. The Facility will supervise practice of all students insofar as their presence and A.L.E. assignments affect the operation of the Facility and its care, direct and indirect, of its clients and patients.
4. To report to the Facility on time and to follow all established regulations of the Facility.
5. To keep in confidence all medical, health, financial and social information (including mental health) pertaining to particular clients or patients.
6. To use and disclose "protected health information" of patients as defined in 45 C.F.R. § 164.501 that I receive from Facility, or that I create or receive on behalf of Facility (collectively, the "Information") only to the extent necessary (i) to perform my specific obligations under this Agreement, and (ii) for my own management and administration and to carry out my legal responsibilities in compliance with 45 C.F.R. § 164.504(e)(2)(i)(A) and (e)(4). Notwithstanding anything to the contrary herein, this Agreement shall not be deemed to authorize me to use or disclose Information in a manner that would violate HIPAA Privacy Rules, 45 C.F.R. § 164.501 et seq., if done by a HIPAA covered entity.
7. The services provided hereunder shall be in conformance with the Facility policies and procedures established from time to time by the Facility, applicable standards of The Joint Commission and federal, state and local laws and regulations governing the provision of professional medical services. Periodic medical review shall be conducted to insure compliance with the foregoing in quality assurance and medical audit programs of the Facility and its staff.
8. To not publish any material related to my A.L.E. that identifies or uses the name of the, the Facility or its members, clients, students, faculty or staff, directly or indirectly, unless I have received written permission from the Institution and the Facility.
9. To comply with all federal, state and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances.
10. To complete the necessary training and follow Centers for Disease Control and Prevention (C.D.C.) Universal Precautions for Blood borne Pathogens, C.D.C. Guidelines for Tuberculosis Infection Control, and Occupational Safety and Health Administration (O.S.H.A.) Respiratory Protection Standard.
11. To arrange for and be solely responsible for my living accommodations while at the Facility.
12. To provide the necessary and appropriate uniforms and supplies required where not provided by the Facility.
13. To wear a nametag that clearly identifies me as a student.
14. To complete any and all relevant patient care training provided by Facility, including but not limited to Cultural Diversity Training and Ethics Training.

Further, I understand and agree, unless otherwise agreed to in writing, that I will not receive any monetary compensation from the Institution or the Facility for any

services I provide to the Facility or its clients, students, faculty or staff as a part of my A.L.E.

Unless otherwise agreed upon in writing, I also understand and agree that I shall not be deemed to be employed by or an agent or a servant of the Institution or the Facility; that the Institution and Facility assume no responsibilities as to me as may be imposed upon an employer under any law, regulation or ordinance; that I am not entitled to any benefits available to employees; and, therefore, I agree not to in any way to hold myself out as an employee of the Institution or the Facility.

I understand and agree that I may be immediately withdrawn from the A.L.E. based upon a lack of competency on my part, my failure to comply with the rules and policies of the Institution or Facility, if I pose a direct threat to the health or safety of others or, for any other reason the Institution or the Facility reasonably believes that it is not in the best interest of the Institution, the Facility or the Facility's patients or clients for me to continue. Such party shall provide the other party and myself with immediate notice of the withdrawal and written reasons for the withdrawal.

I understand and agree to show proof of professional liability insurance in amounts (\$1,000,000 per occurrence and \$3,000,000 annual aggregate) satisfactory to the Facility and the Institution, and covering my activities at the Facility, and to provide evidence of such insurance upon request of the Facility.

I further understand that all medical or health care (emergency or otherwise) that I receive at the Facility will be my sole responsibility and expense.

I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, or my parent or guardian has signed below; that I am legally competent to execute this Applied Learning Agreement; and that I, or my parent and/or guardian, have read carefully and understand the above "Applied Learning Experience Agreement"; and that I have freely and voluntarily signed this "Applied Learning Experience Agreement".

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Educational Institution Program of Study

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

Name: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_  
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