



**STUDENT AFFILIATION AGREEMENT
November 15, 2010 to December 31, 2015**

This Student Affiliation Agreement ("Agreement") is entered into this 15th day of November, 2010 (the "Effective Date"), between Providence Health and Services ("Hospital") and Central Washington University ("School").

Hospital owns and operates a licensed facility in Portland, Newberg, Hood River, Seaside, and Medford, Oregon that offer a full range of hospital services. Hospital is willing to provide educational experience to students of School in accordance with the terms of this Agreement. School desires to use the Hospital as an opportunity for its students to obtain clinical learning experience as required by their curriculum.

The consideration for this Agreement is the mutual promises contained in this Agreement and the mutual benefits expected from entering into this Agreement.

1. Responsibilities of the Hospital

1.1. Clinical Instruction. Hospital shall provide suitable experience for students as prescribed by the School's curriculum and in accordance with any written objectives provided by School to Hospital. Services will be provided in compliance with the directions of the Hospital, Hospital manuals, policies and procedures, the standards and recommendations of The Joint Commission, the applicable standards of relevant professional societies, and applicable local state and federal regulations. No education shall be offered by Hospital with respect to procedures that are contrary to the Providence Health & Services Mission and Core Values and the Roman Catholic moral tradition as articulated in such documents as The Ethical and Religious Directives for Catholic Health Care Services. Students will be assigned to Hospital upon the mutual agreement of Hospital and School. Hospital will inform appropriate personnel about the role of students and provide identification or security clearances, where appropriate. Hospital retains full responsibility for the care of its patients. Students will receive no monetary compensation under terms of this Agreement, and are not deemed an employee under Worker's Compensation statutes.

1.2. Hospital Personnel. Hospital will designate appropriate personnel to coordinate the student's learning experience. This will involve planning between responsible School faculty and designated Hospital personnel for the assignment of students to specific clinical cases and experiences, including selected conferences, clinics, courses and programs conducted under the instruction of the Hospital. Hospital will designate and submit in writing to the School the name and professional and academic credentials of a person to be responsible for the Student Affiliation Program. That person will be known as the clinical coordinator for clinical education (CCCE).

1.3. Inspection. Hospital will permit, on reasonable request, the inspection of clinical and related facilities by agencies charged with responsibility for accreditation of the School.

1.4. Exclusion of Students. Hospital reserves the right to terminate the continuation of any student who is not complying with applicable Hospital policies, procedures or directions from Hospital personnel or physicians involved in the Student Affiliation Program or who is deemed by Hospital not to have adequate qualifications or ability to continue in the program, or the health of the student does not warrant a continuation at Hospital, or whose conduct interferes with the proper operation of Hospital.

1.5. Emergency Care. Hospital shall provide necessary emergency care or first aid required by an accident occurring at Hospital for students participating under the terms of this Agreement, and, except as herein provided, Hospital shall have no obligation to furnish medical or surgical care to any student. The student bears responsibility for the cost of such care as well as any follow-up care.

1.6. Regulations. Hospital will provide the student with access to the written regulations that will govern the student's activities while at Hospital. Hospital shall also provide the student with policies relating to the Deficit Reduction Act, including Facility's Fraud and Abuse Prevention and Detection Policies.

1.7. Records and Reports. Hospital will maintain records and reports on each student's performance as specified by each program and provide an evaluation to the School on forms provided by the School.

2. Responsibilities of the School

2.1. Publications. The School will prohibit the publication by the students of any material relative to their learning experience that has not been approved for release for publication by both Hospital and the School.

2.2. Student Experiences. It shall be the responsibility of the academic coordinator of clinical education of the School, after consultation with Hospital, to help plan the educational program for student experiences.

2.3. Program Description. School will provide Hospital with an annual announcement or description of the program, curriculum and objectives to be achieved at Hospital.

2.4. Student Compliance.

(a) School will instruct students to abide by the policies of Hospital while using Hospital facilities, including policies related to confidentiality of patient information. School shall immediately report any errors in accordance with Hospital procedures. School will instruct students not to copy or remove confidential information from Hospital premises. Students will be expected to conduct themselves in a professional manner; their attire as well as their appearance will conform to the accepted standards of Hospital. School will assure that students are educated regarding universal precautions, blood-borne pathogens, and other appropriate OSHA standards prior to coming to Hospital.

(b) School and PH&S are dually responsible for ensuring that students are trained on HIPAA rules and regulations.

2.5. Student Qualifications. School will assign to Hospital only those students who have satisfactorily completed the prerequisite didactic portion of the University's curriculum and who have evidence of completion of a CPR course based on American Heart Association or American Red Cross guidelines and related to the age group(s) with whom they will be working.

2.6. Student Health.

Hepatitis B:

- (a) Written documentation of completion of Hepatitis B series or declination statement OR,
- (b) Laboratory evidence of Hepatitis B status

Measles, Mumps, Rubella:

Written documentation of:

- (a) Two doses of measles vaccine on or after the first birthday, plus one dose of mumps vaccine and one dose of rubella vaccine OR,
- (b) Laboratory evidence of immunity (a positive titer for measles, mumps and rubella antibody)

Varicella:

- (a) Proof of disease OR,
- (b) Written documentation of Varicella vaccine OR,
- (c) Laboratory evidence of immunity (a positive Varicella titer)

TB Surveillance:

- (a) Written documentation of a 2-step negative tuberculin skin test (Mantoux) or a Quantiferon Gold test within the past year OR,
- (b) If TB test positive, written documentation of negative chest x-ray and Negative Symptom Review in the past year

Influenza Vaccine:

- (a) Written documentation of current year's seasonal influenza vaccine from Health Care Provider or a declination statement.

Tetanus, Diphtheria, Pertussis (Tdap):

- (a) Written documentation of vaccine from Health Care Provider

Student will provide up-to-date immunizations for Hepatitis B, Diphtheria, Pertussis, and Tetanus, and will demonstrate a negative skin test, Quantiferon Gold test, or chest x-ray for Tuberculosis before beginning the Student Affiliation Program. Student Affiliation Program will have on file, records of positive titer or immunization administration records for Hepatitis B, Measles, Mumps, Rubella (MMR), Varicella, TB, Influenza, and Tetanus, Diphtheria, and Pertussis (Tdap) for each student.

2.7. Scheduling. The days and hours of student education experience are to be planned by the faculty of School in consultation with the CCCE.

2.8. Pre-Placement Checks.

(a) School agrees to instruct students to request a criminal background check through HireRight pursuant to applicable “Child and Adult Abuse Laws.” School acknowledges that placement of each student at Hospital is contingent upon provision of the criminal background check results dated less than two years prior to the commencement of the Student Affiliation Program placement.

(b) School shall instruct students to include as part of their background check an excluded provider search on the Office of Inspector General List of Excluded Individuals/Entities (http://oig.hhs.gov/fraud/exclusions/exclusions_list.asp) and the General Services Administration Excluded Parties List (<http://epls.arnet.gov/>) for any students providing treatment, care or services at Hospital. Evidence that each student is not on the above mentioned excluded provider list is a condition precedent to Student Affiliation Program placement.

(c) Hospital is committed to providing a safe, healthy, and drug-free environment. Unauthorized use, possession, and/or manufacture of mind-altering drugs and alcohol are prohibited at all Hospital locations. School shall instruct students to pass a 10-panel pre-employment drug screen prior to beginning any Student Affiliation Program placement.

3. Insurance.

School is covered by the State of Washington Self-Insurance Program and the Tort Claims Act (Chapter 4.92 RCW). Claims against School and its employees, officers, and agents in the performance of their duties under this Agreement will be paid from the tort claims liability account as provided in Chapter 4.92 RCW. School will make Medical Malpractice insurance available for purchase by its students. School will provide those students who purchase this coverage through the School with proof of insurance. In addition, the limits on the Medical Malpractice policy shall be, at minimum \$1,000,000 per occurrence, and three million aggregate. Should proof of insurance not meet Hospital approval and satisfaction, Hospital can refuse to accept any student for placement. Students may acquire liability insurance through another source. School shall inform all students whom it plans to place at Hospital that: Hospital will accept placement of only those students who are insured against liability for actions or inactions occurring in the clinic setting, and students are required to provide Hospital with proof of insurance prior to placement.

Hospital shall maintain general and professional liability insurance coverage. Through that coverage, Hospital provides liability coverage for its employees, officers, and agents in the performance of this Agreement, and further provides the means for defense and payment of claims that may arise against such individuals.

4. Indemnity.

Each party to this Agreement shall be responsible for claims and damages to persons or property resulting from acts or omissions on the part of itself, its employees, or its officers. Neither party assumes any responsibility to the other party for the consequences of any act or omission of any person, firm or corporation not a party to this Agreement. Neither party to this Agreement shall be considered the agent of the other party.

5. FERPA Re-Disclosure

As required by the 20 USC 1232(g) (Family Educational Rights and Privacy Act, “FERPA”), and ORS 326.565, the Hospital shall not disclose any information or records regarding students or their families that Hospital may learn or obtain in the course and scope of its performance of this Agreement, except as otherwise allowed by this Agreement. The parties recognize that FERPA imposes strict penalties for improper disclosure or re-disclosure of confidential student information, including but not limited to denial of access to personally identifiable information (“PII”) from education records for at least five years (34 CFR 99.33(e)). Therefore, consistent with FERPA’s requirements, PII obtained by Hospital in the performance of this Agreement may not be re-disclosed to third parties without the written consent of the student’s parent/guardian and must be used only for the purposes identified in this Agreement.

6. Term and Termination.

6.1. Term. This Agreement will be in effect beginning November 15, 2010 and ending December 31, 2015. This Agreement may be renewed for an additional five (5) year term upon the written agreement of both Hospital and School.

6.2. Termination. Either party may terminate this Agreement at any time by giving 30 days written notice of termination to the other party. If Hospital terminates this Agreement by giving such notice to School, students currently participating in the Student Affiliation Program at Hospital will be allowed to complete the program.

7. Nondiscrimination.

Hospital and the School agree that neither will discriminate in the performance of this Agreement against any individual on the basis of age, sex, race, color, religious belief, national origin or physical handicap.

8. Non-assignability.

Neither party may assign the rights or the duties of this Agreement without the prior written approval of the other party.



9. Notices.

When required by the terms of this Agreement, the parties shall give notice by personal delivery or by Certified Mail, return receipt requested, postage prepaid, and addressed as indicated below:

To Hospital: Providence Health and Services
1235 NE 47th Ave., Suite 200
Portland, OR 97213
Attention: Administrator

To School: Central Washington University
400 E. University Way
Ellensburg, WA 98926-7474

SIGNATURES APPEAR ON NEXT PAGE



SIGNATURES:

HOSPITAL:

PROVIDENCE HEALTH & SERVICES – OREGON
d/b/a Providence

By: *Lisa Marie May*
Lisa Marie May

Its: Director – Regional Employment and Talent Acquisition

Date: 12/28/10

STUDENT AFFILIATION PROGRAM:

CENTRAL WASHINGTON UNIVERSITY

TB 12/2/10

By: *Laurie L. Shell*

Its: Dean, CEPS

Date: 12-7-10

By: _____

Its: _____

Date: _____

By: _____

Its: _____

Date: _____

Student Name: _____ School: _____

Student Pre-Placement Checklist

Students Responsibility: you are required to provide the following items listed below before your assignment begins. Student to check boxes below:

- Background Check
- Pre-Placement Drug Screen
- Health Screen Verification
- HIPAA Training
- Non-Employee Confidentiality and Non-Disclosure Statement
- Acceptable Use Agreement & Code of Conduct Acknowledgement

Internship Information

PH&S Manager Name: _____

Department: _____

Location: _____

School Representative

School Representative Name: _____

Contact Information: _____

For PH&S Representative Only

_____ Student has met the pre-placement requirements as noted above and is cleared for placement

PH&S Designated Representative

Date

Fax this form with other required documents.



Student Affiliate Drug Screen Referral Form
(Portland Service Area)

Student Name: _____

Prior to the start of your internship, you are required to complete and pass a urine drug screen.

YOU WILL NEED TO COMPLETE A DRUG SCREEN NO GREATER THAN 30-DAYS PRIOR TO BEGINNING ANY PH&S ASSIGNMENT.

Please report for your drug screen at A Work Safe Service at: 504 NE 49th Ave Portland OR 97213. (This is the old Quest collection site. It is located at the corner of 49th & Glisan at the entrance of Portland Providence Hospital.) Payment for the collection must be remitted prior to collection. Cashier's Check only for the amount of \$30.00, payable to: A WorkSafe Service

WORKSAFE SERVICE

USE ACCOUNT: PA 20068

- Please use PAML traditional collection kit/process.
- Fax results to PPMC Employee Health at 503-215-6831.
- Questions about the collection? Call 503-215-6019.



STUDENT AFFILIATE DRUG SCREEN REFERRAL FORM
(Students Outside of Portland Service Area or Oregon Region)

Student Name: _____

Prior to the start of your internship, you are required to complete and pass a urine drug screen.

YOU WILL NEED TO COMPLETE A DRUG SCREEN NO GREATER THAN 30-DAYS PRIOR TO BEGINNING ANY PH&S ASSIGNMENT. PLEASE BRING THIS FORM WITH YOU TO THE COLLECTION SITE.

Collection Facility: Please collect a traditional 10-panel drug screen that includes the following: Alternate Amphetamines, Amphetamines, Cocaine, Opiates, THC, Phencyclidine, Barbiturates, Methadone, Benzodiazepines, Methaqualone, Propoxyphene, Alternate Opiates

*Student will be responsible for payment of collection and testing fees.

- Fax all results to Providence Health & Services-Employee Health at 503-215-6831.
- Questions about the collection? Call 503-215-6019.

Providence Health System - Oregon Non-Employee Confidentiality and Nondisclosure Statement

Name: _____
(Last, First, MI – Please Print)

PHS Contact : _____

I understand that in the course of performing services on behalf of Providence Health System - Oregon (PHS-OR), I will have access to information not generally available or known to the public. I agree that such information is confidential information that belongs to PHS-OR. Confidential information includes but is not limited to patient, customer, member, provider, group, physician, employee, financial, and proprietary information, whether oral or recorded in any form or medium. I agree that information developed by me, alone or with others, may also be considered confidential information belonging to PHS-OR.

I will hold confidential information in strict confidence and will not disclose or use it except (1) as authorized by PHS-OR; (2) as permitted under written Agreement between PHS-OR and my employer or myself; (3) consistent with the scope of services I perform on behalf of PHS-OR and with applicable PHS-OR policies and practices; and (3) solely for the benefit of PHS-OR, its patients, members and other customers.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while contracting with PHS-OR, or my right to use information this is or becomes generally known to the public through no fault of my own.

I will not access Confidential Information for which I have no legitimate need to know.

I understand my responsibility to become familiar with and abide by applicable PHS-OR policies and protocols regarding the confidentiality and security of confidential information.

I understand that PHS-OR electronic communication technologies are intended for benefit of PHS-OR, however limited personal use is permitted. Personal use is defined as incidental and occasional use of electronic communications technologies for personal activities that should normally be conducted during personal time and is not in conflict with PHS-OR business requirements. Internet usage is monitored and audited on a regular basis by PHS-OR management. PHS-OR management also reserves the right to monitor e-mail and telephone usage.

I understand that if I breach the terms of this confidentiality and nondisclosure statement or applicable PHS-OR confidentiality, privacy and/or security policies, PHS-OR may terminate my association with PHS-OR, including any written Agreements with PHS-OR. Further, PHS-OR will be entitled to all remedies it may have under written Agreement or at law, as well as to seek and obtain injunctive and other equitable relief.

Signature

Company or Affiliation

Date

Code of Conduct Questions and Answers for Employees



Why do we have a code of conduct?

A code of conduct helps identify appropriate behavior and actions in the workplace. The Providence Code of Conduct supports our Mission and values and our commitment to integrity as a Catholic health care and education ministry.

What is a code of conduct?

The Providence Code of Conduct provides us with a set of standards that guides our decision-making and our commitment to “doing the right thing right.” This means conducting our business within appropriate ethical, legal and regulatory standards, and complying with Providence’s policies and standards.

What is “doing the right thing right?”

In our daily work, doing the right thing right means we:

- dedicate ourselves to Providence’s Mission and core values
- uphold ethical principles in the workplace
- follow all applicable laws, regulations, policies and standards governing our business practices
- report concerns about improper, inappropriate or illegal actions promptly, in good faith and without fear of retaliation

Is the Providence Code of Conduct new?

No. The Code of Conduct has been updated to serve as a single resource for all Providence ministries.

Why am I receiving the Code of Conduct in the mail?

Nearly 50,000 people work for Providence. Mailing the updated Code of Conduct to every employee is a way for Providence to demonstrate that we have made the best effort possible to ensure that every employee receives the code. You should receive your copy by mail in **early August**.

What should I do with the Code of Conduct after I receive it?

Please take some time to review the contents. The Code of Conduct is a valuable resource. Keep a copy in your workplace to use as a reference for how to deal with integrity and compliance situations.

What should I do if I have difficulty reading English?

Russian and Spanish translations will be available online for viewing or printing.

Are there other guidelines that may apply to me?

Yes. Additional policies, procedures and standards may apply specifically to where you work and the work you do. If you are unsure what these may be, you should ask your supervisor or manager.

What if I don't work for Providence?

Health care practitioners who are granted privileges at Providence facilities are governed by medical staff by-laws and must follow them. These by-laws provide a process for resolving ethical and compliance issues related to the practice of medicine at Providence. The Code of Conduct provides guidance on the standards expected for everyone who works at a Providence facility.

How will I use the Code of Conduct?

The Providence Code of Conduct asks you to reflect on our Mission and core values as you apply ethical and legal standards to your work. Use it as a resource in the workplace to help you answer these questions:

- Are my actions and decisions consistent with Providence's Mission and core values?
- Am I supporting the spirit, as well as the letter, of laws, regulations, policies or standards?
- Can I explain my actions or decisions without embarrassment to family, friends, co-workers, students or patients?
- Would my behavior harm Providence's reputation in the community or as a ministry focused on health care, education and those in need?
- Who should I contact if I believe a violation has occurred?
- What do I do if retaliation occurs when I raise a concern?
- Who can help me if I still have questions?
- How do I contact my local integrity, compliance and privacy representative?

Do I have any other responsibilities?

Yes, there are seven basic responsibilities:

- Follow the Code of Conduct.
- Perform your job duties in accordance with all federal and state laws or regulations that apply.
- Report all concerns or alleged violations promptly.
- Keep information obtained at Providence confidential.
- Participate in integrity/compliance program training and job-specific compliance education or department training as necessary for your job duties.
- Whenever you are in doubt about something, ask questions.

Will there be a test on the Code of Conduct?

No. In 2009, education about integrity and compliance issues in the workplace will be given to every employee. The Code of Conduct is a part of our integrity program for all Providence ministries.



Providence Code of Conduct

You may access the Providence Code of Conduct booklet by entering the link below into your browser.

<http://www2.providence.org/phs/integrity/Pages/default.aspx>

ACCEPTABLE USE AGREEMENT & CODE OF CONDUCT ACKNOWLEDGEMENT



Employee ID: <input type="text"/>	First Name: <input type="text"/>	M.I.: <input type="text"/>
Process Level - Cost Center: <input type="text"/>	Last Name: <input type="text"/>	
Department: <input type="text"/>	Position Title: <input type="text"/>	

ACCEPTABLE USE AGREEMENT:

Compliance with this agreement is a requirement for continued employment with PH&S according to policy P-802, Acceptable Use of IT Assets, which can be found at:

PROV-PSEC-802 - Acceptable Use (<http://in.providence.org/ssss/resources/documentscentral/policies/Documents/Providence-wide Policies/800 - Privacy and Security/PROV-PSEC-802 - Acceptable Use.pdf>)

Policy P-802 describes the appropriate use of Providence information and technology Resources including data, systems, networks and devices including but not limited to Desktop computers, laptops, PDA's, fax machines and copiers and is intended to promote and protect the confidentiality, integrity, and availability of PH&S information and technology.

I am aware and agree, unless further described herein:

- Internet usage, communications and transactions are not private. All computer activity is recorded and can be traced to specific User ID.
- Information and technology associated with or belonging to PH&S must be protected by taking appropriate measures such as keeping passwords private, encrypting all computers and devices, and locking all portable devices. Additional information and online training on how to protect information and technology is available at: **Enterprise Security** (<http://in.providence.org/SSS/DEPARTMENTS/IS/ENTERPRISESECURITY/Pages/default.aspx>)
- PH&S information and technology is for business use and must not be used for purposes which may interfere or are in conflict with the PH&S mission and/or policies. Any use of PH&S information or technology for a purpose not specifically authorized by PH&S is prohibited.
- PH&S reserves the right to limit or restrict and member's use of information or technology to meet the business and service obligations of the organization.

Although information and technology resources are for business use, limited personal use may be permitted with the following restrictions:

- Usage must be reasonable, lawful and ethical and cannot be offensive or disrespectful to co-workers or others in the work or patient care environment.
- Usage must not interfere or be in conflict with PH&S responsibilities or productivity.

IMPORTANT: In addition to termination, non-compliance could result in further action, including civil or criminal prosecution. Violation of these requirements by a third party contracted with PH&S may result in termination of the representative's contractual arrangement with PH&S for default and may further result in such representative being subject to civil or criminal laws, as applicable.

CODE OF CONDUCT ACKNOWLEDGEMENT:

I acknowledge that I have received an electronic copy of the Providence Code of Conduct as part of the on-boarding process and/or during the orientation session.

I understand that I am responsible for becoming familiar with the information contained therein; and, that this handbook does not constitute all of the specific policies of Providence.

I further understand that any clarification of the contents of the Code will be provided, upon my request, by my supervisor or a local compliance coordinator or a Region/System Integrity and Compliance Manager.

EMPLOYEE SIGNATURE:

By signing this document, I acknowledge that I have read, understand, and agree to abide by the Providence Health & Services Acceptable Use Agreement and the Code of Conduct Acknowledgement. This agreement does not limit my right to use my own general knowledge and experience, whether, or not gained while employed by PH&S, or my right to use information which is known to the general public through no fault of my own.

Sign: _____ Date: ____ / ____ / ____

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