



ST. LUKE'S

EDUCATIONAL AFFILIATION AGREEMENT

EXHIBIT B

STUDENT AGREEMENT – CLINICAL EXPERIENCE

I, _____, a student at _____ ("School") in the _____ Program desires the opportunity to obtain clinical experience through participation in a clinical rotation at McLaren St. Luke's ("Hospital") (a "Clinical Experience"), and hereby agree to the following:

1. I understand and agree to abide by: (i) the applicable terms and conditions of the Educational Affiliation Agreement between School and Hospital; and (ii) all applicable Hospital policies and procedures. I further understand and agree that failure to do so may result in the immediate termination of my participation in the Clinical Experience.
2. I understand and agree that I shall not use or disclose to any third party any trade secrets and/or confidential information, facts or documents relating in any way to Hospital's business operations, patients, suppliers, vendors, personnel, contracts, or financial condition or any other confidential or proprietary information except as necessary to the completion of my Clinical Experience. I understand the foregoing does not apply to publicly available information or information required by court order or applicable law.
3. I have been provided the necessary HIPAA training and understand and agree to: (i) appropriately access and disclose patient information; (ii) appropriately use the Hospital information system; and (iii) use reasonable safeguards to prevent unauthorized access to or disclosure of Hospital patient information.
4. I understand and agree that I am not, and will not be, an employee of Hospital and will therefore not be eligible for any of the compensation or benefits that Hospital employees receive.
5. I authorize all necessary exchanges of information between Hospital and School related to me and my participation in the Clinical Experience.
6. I agree to clearly identify myself as a student, both visually by the wearing of a name badge and in all written and verbal communication, to all patients, providers, and staff during my Clinical Experience.
7. I agree to act only within the scope of my Clinical Experience and, at such times as are necessary, will immediately attempt to resolve any question or doubt I have as to the extent of that scope with the appropriate Hospital supervisor.
8. I have been appropriately immunized (unless declined) as required under the Educational Affiliation Agreement and agree to submit to any additional health examinations that might be necessary to my participation in the Clinical Experience and further agree to make the results of any such additional examinations available to Hospital upon request.
9. I understand that Hospital may make emergency care available to me during the term of my Clinical Experience and that such emergency care will not be given without charge. I agree that I will be financially responsible for any medical care provided by Hospital, including any emergency care.
10. I understand and agree that Hospital retains the right to remove me at any time, if Hospital deems such removal to be in the best interests of Hospital and its patients.
11. I agree to release Hospital from any liability for the loss of or damage to my personal property while on Hospital property. I agree to be liable for and indemnify Hospital for any claims made against Hospital which are based on any of my activities. By signing this Agreement, I, and my parent or guardian, if applicable, acknowledge that I understand the dangers of participating in the Clinical Experience and hereby release Hospital, its administration, board of directors, employees and agents from any and all liability from my participating in the Clinical Experience. I agree that this Student Agreement shall be binding and of full force and effect upon my heirs, assigns, executors, personal representatives, and guardians, including parents, durable powers of attorney or next of kin.

STUDENT:

Signature Date

Printed Name Program