Faculty & Each student participating in a Clinical Program at HFHS **must comply**

with the rules and regulations set forth below:

**PLEASE INITIAL NEXT TO EACH NUMBER AFTER READING/AGREEING**

\_\_\_\_\_\_1. All administrative policies, standards, and practices of HFHS must be followed. Failure to comply with said policies, standards, or practices of HFHS may result in HFHS's request that the SCHOOL terminate the student's affiliation with the program.

\_\_\_\_\_\_2. All necessary and appropriate uniforms must be supplied by the faculty/student and all applicable dress codes must be followed. All students must have a school ID badge. If rotation is in the North tower the faculty will sign out a badge for each student from Wendy Spilko. Please email to make arrangements. (wspilko1@hfhs.org) $10 for each badge lost.

\_\_\_\_\_\_3. Faculty and all students must provide their own transportation, living arrangements, and other expenses including meals.

\_\_\_\_\_\_4. Faculty and all students must report to HFHS on time and must follow all established regulations during the regularly scheduled operating hours of the clinic.

\_\_\_\_\_\_5. Faculty and all students must conform to the standards and practices established by the SCHOOL while training at HFHS.

\_\_\_\_\_\_6. Faculty and all students must obtain prior written approval of HFHS and the SCHOOL for publishing any material relating to the Clinical Program experience.

\_\_\_\_\_\_7. Faculty and all students must maintain the confidentiality of medical records in accordance with HFHS's standards and practices.

\_\_\_\_\_\_8. Faculty and all students must obtain and maintain appropriate insurance during the course of their participation in a clinical program at HFHS.

\_\_\_\_\_\_9. Faculty and all students must complete EPIC training prior to starting clinicals on the unit.

\_\_\_\_\_\_10. Faculty and all students will park in the North lot / gated area if they have a HF badge. Others are to park in green area along 19 Mile Road. (see Employee parking map in ACEMAPP)

I have read the rules and regulations listed above and agree to abide by them. I understand that I will in no way be considered to be a servant, agent, or employee of HFHS and I shall not be entitled to any fringe benefits, Worker's Compensation or any other rights which may be offered to HFHS.

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Print Faculty Name Faculty Signature/Date of Signing

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Print Student Name Student Signature/Date of Signing

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School/Program Name Clinical Rotation start & end dates