



UNIVERSITY OF  
**TEXAS**  
ARLINGTON

SCHOOL OF SOCIAL WORK

COUNTY JUDGE  
RECEIVED

DEC 19 2016

December 15, 2016

Dear Kaye Reynolds,

Here is your copy of the fully executed affiliation agreement between Fort Bend County and the University of Texas at Arlington School of Social Work. As you can see, it has been signed by our attorney and CFO.

I have sent one document to you and one to the County Judge. We can have this document sent back by mail, fax, or email.

If you have any questions, please don't hesitate to call me at 817.272.3533 or email [sswfield@uta.edu](mailto:sswfield@uta.edu).

Thank you,

Susan M. Terry  
Administrative Assistant  
Office of Field Education  
School of Social Work  
Box 19129  
211 S. Cooper Street, Bldg. A, Suite 301G  
Arlington, Texas 76019

T 817.272.3533

F 817.272.3939

Cc: Robert E. Herbert, County Judge  
Anna Gonzales

12/27/2016 Original sent to Leticia Hernandez, HHS-Social Services

STATE OF TEXAS

COUNTY OF FORT BEND

§  
§  
§

**AFFILIATION AND PROGRAM AGREEMENT  
FOR COURSE EXPERIENCE**

This Affiliation Agreement is entered into by Fort Bend County, a body corporate and politic under the laws of the State of Texas, (hereinafter COUNTY) and the University of Texas at Arlington, on behalf of its School of Social Work, ("University"), a component institution of The University of Texas System, ("System") (hereinafter SCHOOL).

**RECITALS**

WHEREAS, SCHOOL offers a Masters of Social Work with a Public Health component and desires to have its enrolled students perform components of their practicum experience (hereinafter PROGRAM) at COUNTY; and

WHEREAS, this Agreement serves the general health and well-being of the community by providing public health services and therefore serves a public purpose; and

WHEREAS, COUNTY is willing to make facilities available to qualified students (hereinafter Student(s)) who will be supervised by Fort Bend County Staff; and

WHEREAS, both Parties hereto recognize that, in the performance of this Agreement, the greatest benefits will be derived by promoting the interests of both parties, and each party does, therefore enter into this Agreement with the intention of loyally cooperating with each other in carrying out the terms of this Agreement; and

WHEREAS, the governing bodies of COUNTY and SCHOOL have duly authorized this Agreement;

NOW THEREFORE, for and in consideration of the mutual promises, obligations, and benefits hereinafter set forth, the COUNTY and SCHOOL hereby agree as follows:

**I. BASIC TERMS**

1. Both parties shall share in the education process.
2. Both parties agree that no financial obligation shall be incurred by either party as a result of this Agreement.
3. Both parties agree that at no time will Students, faculty, or SCHOOL be considered employees, agents, or servants of COUNTY and therefore will not be eligible to receive payment for services rendered, replace a COUNTY employee or possess authority to enter any form of agreement, binding or otherwise, on behalf of COUNTY. At no time, will SCHOOL, faculty, or Students be eligible for the fringe benefits, such as retirement, insurance and worker's compensation, which COUNTY provides to its employees.
4. The parties shall not discriminate against any person because of race, color, gender,

sexual orientation, national origin, handicap, special disabled veteran's status or Vietnam-era veteran's status.

5. Both parties mutually agree that the number of Students participating in the PROGRAM will be arranged jointly, with due consideration given to the clinical material available.
6. The COUNTY representatives for the PROGRAM are:

Kaye Reynolds, DrPH  
Deputy Director, Health and Human Services  
Fort Bend County

Anna Gonzales  
4520 Reading Rd, Suite A-900  
Rosenberg, Texas 77471

The SCHOOL representative or faculty advisor for the PROGRAM are:

Jane Hickerson, Ph.D.  
Assistant Dean of Field Education

Susan M. Terry, Administrative Assistant  
211 S. Cooper Street  
Arlington, Texas 76019

## **II. OBLIGATIONS OF COUNTY**

1. COUNTY will, under proper supervision, permit "hands on" experience at levels COUNTY determines to be appropriate based on the knowledge and training of the Student.
2. COUNTY will accept Students assigned by SCHOOL to facilities as assigned by COUNTY (hereinafter Facility).
3. COUNTY retains responsibility and decision-making authority for all aspects of COUNTY services and functions, including patient care.
4. COUNTY reserves the right to prohibit Student observation or participation in County services or functions.

## **III. OBLIGATIONS OF SCHOOL**

1. SCHOOL shall establish guidelines for Student eligibility and be responsible for ensuring that all Students are eligible for participation in the PROGRAM.
2. SCHOOL shall be responsible for the provision of classroom theory and practical instruction to Student prior to clinical assignments or practicum experience.
3. When applicable, SCHOOL shall require Students to attend clinical orientation when requested by COUNTY.
4. SCHOOL shall provide a faculty advisor who is available for consultation and direction for the Student who is on practicum assignment with the COUNTY.
5. SCHOOL shall require Student to provide to the COUNTY such results for drug testing,

health care and criminal background checks prior to Student being permitted to commence participation in the PROGRAM at the COUNTY including proof of:

- a. Negative PPD test (commonly referred to as a TB test)
  - b. HBV vaccine or signed refusal
  - c. Other immunizations as required by laws.
6. In cooperation with SCHOOL, COUNTY shall prepare PROGRAM schedules for Students.
  7. SCHOOL, faculty, and Students shall comply with all applicable COUNTY policies, which County will provide to SCHOOL.
  8. SCHOOL shall advise Students that he/she will be required by COUNTY to sign a Student Confidentiality Agreement prior to participating in PROGRAM at the COUNTY attached as Exhibit A to this Agreement. If a signed Student Confidentiality Agreement is not received by the COUNTY prior to the commencement of the practicum program, the Student will not be allowed to utilize COUNTY facilities or participate in practicum related services through COUNTY.
  9. SCHOOL shall adhere to COUNTY communicable disease reporting requirements and will require Students to provide to COUNTY verification of successful completion of education on blood borne pathogens, when applicable.
  10. SCHOOL shall inform COUNTY in a timely manner of any change in Student(s) status, curriculum, personnel, and learning opportunities during participation in PROGRAM.
  11. SCHOOL shall comply with COUNTY's request to remove a Student(s) in the event that COUNTY determines that there is cause to do so.
  12. SCHOOL agrees to advise all faculty and Students utilizing COUNTY facilities that he/she will be required by the COUNTY to sign and provide to COUNTY a Release of Liability that fully releases COUNTY of any and all claims with respect to illness or injuries sustained while engaged in activities pursuant to this Agreement, attached as Exhibit B to this Agreement. If signed Releases of Liability by participating Students and faculty are not received by the COUNTY prior to the commencement of the practicum program, the Student will not be allowed to utilize COUNTY facilities or participate in practicum related services through COUNTY.
  13. SCHOOL will provide COUNTY with completed Participant Contact Information, attached as Exhibit C to this Agreement.
  14. Visits by SCHOOL and visits by SCHOOL'S faculty are welcome for purposes of planning and observation of Student with prior notification to COUNTY.

#### IV. INDEMNITY

**TO THE EXTENT ALLOWED BY THE TEXAS CONSTITUTION AND TEXAS LAW, SCHOOL AGREES TO AND SHALL HOLD HARMLESS COUNTY, ITS ELECTED OFFICIALS, OFFICERS, AGENTS, SERVANTS AND EMPLOYEES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, SUITS AND LIABILITY OF ANY KIND INCLUDING ALL EXPENSES OF LITIGATION, COURT COSTS, ATTORNEY'S FEES, BODILY INJURY, SICKNESS, DISEASE OR DEATH ARISING FROM OR WHICH MAY BE ALLEGED TO ARISE FROM THE USE OF COUNTY'S FACILITIES BY SCHOOL'S STUDENTS, FACULTY, AND/OR STAFF PURSUANT TO THIS AGREEMENT.**

## V. INSURANCE

Prior to commencement of the Services, SCHOOL shall furnish COUNTY with properly executed certificates of insurance which shall evidence all insurance required. SCHOOL shall notify COUNTY within 30 days of the cancellation of any such policy. . SCHOOL shall maintain such insurance coverage from the time Services commence until Services are completed and provide replacement certificates for any such insurance expiring prior to completion of Services. SCHOOL shall obtain such insurance written on a a claims made basis from such companies acceptable to COUNTY, licensed or approved to transact business in the State of Texas, and shall obtain such insurance of the following types and minimum limits:

During the term of this Agreement, SCHOOL shall keep in full force professional liability insurance in the amount of \$1,000,000 per claim and \$3,000,000 in the aggregate, which shall extend to the activities contemplated under this Agreement and undertaken on COUNTY premises, covering faculty and Students, and shall provide COUNTY proof of said coverage upon return of this Agreement. University, as a Texas state agency, has not acquired Employer's Liability or Comprehensive General or Public Liability Insurance, but represents it has sufficient resources to self-insure for all claims for which it may be responsible under the Texas Tort Claims Act for property damage, personal injury, and death proximately caused by the wrongful act or omission or negligence of an employee acting within the scope of employment. Liability of a state agency in this regard is limited to money damages in a maximum amount of \$250,000 for each person and \$500,000 for each single occurrence for bodily injury or death and \$100,000 for each single occurrence for injury to or destruction of property. Employees of the University are provided Workers' Compensation coverage under a self-insurance, self-managed program as authorized by the Texas Labor Code, Chapter 503. The parties acknowledge that Students are not employees of the University.

## VI. TERM AND TERMINATION

1. Termination for Convenience. This Agreement shall continue in effect for an initial period ending one (1) year after the date of execution and shall continue from year to year for a period not to exceed five (5) years, unless one party shall give the other 180 days prior written notice of intention to terminate. If such notice is given, this Agreement shall terminate: (a) at the end of such 180 days; or (b) when all students enrolled in the Program at the time such notice is given have completed their respective courses of study under the Program, whichever event occurs last.
2. Termination for Cause. If SCHOOL materially breaches any of the covenants or terms and conditions set forth in this Agreement or fails to perform any of the other provisions of this Agreement and does not cure such breach or show reasonable effort to cure such breach to COUNTY'S reasonable satisfaction within a period of ten (10) calendar days after receipt of notice from COUNTY specifying such breach or failure, COUNTY may terminate the whole or any part of this Agreement. Termination will go into effect at the end of the ten (10) day notice period.
3. If, after termination, it is determined for any reason whatsoever that SCHOOL was not

in default, or that the default was excusable, the rights and obligations of the parties shall be the same as if the termination had been issued for the convenience.

4. In the event that the Agreement is terminated for cause, the parties agree to make every reasonable effort to allow any currently participating Student to complete the PROGRAM.
5. This Agreement may be terminated at any time upon written mutual consent of the parties.
6. Right to Refuse or Terminate Students. COUNTY reserves the right to refuse acceptance of any Student designated by the SCHOOL for participation and to terminate participation by any Student when, in the sole opinion of the COUNTY: (i) the Student is deemed to be a risk to the COUNTY's employees, or to himself or herself, (ii) the Student fails to meet or abide by the rules, regulations, policies and procedures of the COUNTY, (iii) the Student's conduct is detrimental to the business or reputation of the COUNTY (iv) the Student fails to accept or comply with the direction of COUNTY staff, or (v) further participation by the Student would be inappropriate.

## **VII. MISCELLANEOUS TERMS**

1. Student will be responsible for their own transportation, meals, and health care needs in the performance of this Agreement.
2. STUDENT will be responsible for equipment that is broken or damaged due to Student's negligence.
3. SCHOOL will require Students to be properly attired when reporting for clinical experience.
4. SCHOOL is responsible for the administrative functions related to the Student's experience including rotation, attendance, knowledge of infectious control issues and proficiency.
5. SCHOOL will provide relevant background information on Students as requested by the COUNTY to the extent permitted by law.
6. SCHOOL will be responsible for the final grading of the Students.
7. SCHOOL will instruct their Students and faculty to respect the confidential nature of all information which they may obtain from clients and records of the COUNTY.
8. The parties agree that SCHOOL shall direct faculty and Students to comply with the policies and procedures of COUNTY, including those governing the use and disclosure of individually identifiable health information under federal law, specifically 45 CFR parts 160 and 164, as applicable. Solely for the purpose of defining their role in relation to the use and disclosure of protected health information, such Students are defined as members of COUNTY'S workforce, as that term is defined by 45 CFR 160.105, when engaged in activities pursuant to this Agreement. However, neither Students nor faculty are or shall be considered to be employees of COUNTY for any other purpose.
9. SCHOOL agrees that a Student's breach of COUNTY's policies concerning confidentiality shall be grounds for Student discipline, including but not limited to dismissal from the PROGRAM.
10. The parties may not amend or waive this Agreement, except by a written agreement executed by authorized agents of both parties.

11. The rights and remedies of the parties set forth in this Agreement are not exclusive of, but are cumulative to, any rights or remedies now or subsequently existing at law, in equity, or by statute.
12. No failure or delay in exercising any right or remedy or requiring the satisfaction of any condition under this Agreement, and no course of dealing between the parties, operates as a waiver or estoppel of any right, remedy, or condition.
13. All documents, data, reports, research, graphic presentation materials, etc., developed by SCHOOL as a part of its work under this Agreement, shall become the property of COUNTY upon completion of this Agreement, or in the event of termination or cancellation thereof. SCHOOL shall promptly furnish all such data and material to COUNTY on request.
14. SCHOOL will permit COUNTY, or any duly authorized agent of COUNTY, to inspect and examine the books and records of SCHOOL for the purpose of verifying the amount of work performed under the Scope of Services. COUNTY's right to inspect survives the termination of this Agreement for a period of four years.
15. SCHOOL shall comply with all federal, state, and local laws, statutes, ordinances, rules and regulations, and the orders and decrees of any courts or administrative bodies or tribunals in any matter affecting the performance of this Agreement, including, without limitation, Worker's Compensation laws, licensing laws and regulations. When reasonably required, SCHOOL shall furnish COUNTY with certification of compliance with said laws, statutes, ordinances, rules, regulations, orders, and decrees above specified.

#### VIII. NOTICE

Any and all notices or communications required or permitted under this Agreement shall be delivered in person or mailed, certified mail, return receipt requested as follows:

If to COUNTY:	Fort Bend County 401 Jackson Richmond, Texas 77469 Attn: County Judge
With copy to:	Kaye Reynolds, DrPH Deputy Director, Health and Human Services 4520 Reading Road, Suite 200 Rosenberg, Texas 77471
If to SCHOOL:	UTA School of Social Work / Field Education Attn: Susan M. Terry, Administrative Assistant 211 S. Cooper Street Arlington, Texas 76019-0199



inadequately compensable in damages. Accordingly, COUNTY may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies that may be available. SCHOOL acknowledges and agrees that the covenants contained herein are necessary for the protection of the legitimate business interest of COUNTY and are reasonable in scope and content.

4. SCHOOL in providing all services hereunder agrees to abide by the provisions of any applicable Federal or State Data Privacy Act.
5. SCHOOL expressly acknowledges that COUNTY is subject to the Texas Public Information Act, TEX. GOV'T CODE ANN. §§ 552.001 *et seq.*, as amended, and notwithstanding any provision in the Agreement to the contrary, COUNTY will make any information related to the Agreement, or otherwise, available to third parties in accordance with the Texas Public Information Act. Any proprietary or confidential information marked as such provided to COUNTY by SCHOOL shall not be disclosed to any third party, except as directed by the Texas Attorney General in response to a request for such under the Texas Public Information Act, which provides for notice to the owner of such marked information and the opportunity for the owner of such information to notify the Attorney General of the reasons why such information should not be disclosed. The terms and conditions of the Agreement are not proprietary or confidential information.
6. SCHOOL agrees to obtain prior written consent of COUNTY for publication of any articles relating to the clinical experiences occurring at COUNTY.
7. For purposes of this Agreement, pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA), the University hereby designates the Facility as a school official with a legitimate educational interest in the educational records of the students who participate in the Program to the extent that access to the records are required by the Facility to carry out the Program. Facility agrees to maintain the confidentiality of the educational records in accordance with the provisions of FERPA.

## **X. APPLICABLE LAW**

The laws of the State of Texas govern all disputes arising out of or relating to this Agreement. Nothing in the Agreement shall be construed to waive the COUNTY's or the SCHOOL'S sovereign immunity.

## **XI. ASSIGNMENT AND DELEGATION**

1. Neither party may assign any of its rights under this Agreement, except with the prior written consent of the other party. That party shall not unreasonably withhold its consent. All assignments of rights are prohibited under this subsection, whether they are voluntarily or involuntarily, by merger, consolidation, dissolution, operation of law, or any other manner.
2. Neither party may delegate any performance under this Agreement. Any purported delegation of performance in violation of this Section is void.

**XII. SEVERABILITY**

If any provision of this Agreement is determined to be invalid, illegal, or unenforceable, the remaining provisions remain in full force, if the essential terms and conditions of this Agreement for each party remain valid, binding, and enforceable.

**XIII. PUBLICITY**

Contact with citizens of Fort Bend COUNTY, media outlets, or governmental agencies shall be the sole responsibility of COUNTY. Under no circumstances whatsoever, shall SCHOOL release any material or information developed or received in the performance of the Services hereunder without the express written permission of COUNTY, except where required to do so by law.

**XIV. CAPTIONS**

The section captions used in this Agreement are for convenience of reference only and do not affect the interpretation or construction of this Agreement.

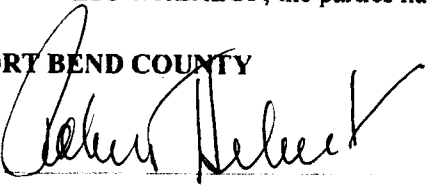
**XV. CONFLICT**

In the event there is a conflict between this Agreement and the attached exhibit(s), this Agreement controls.

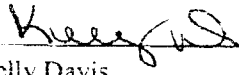
It is understood and agreed to by the parties that the entire Agreement of the parties is contained herein and in any exhibit or attachment identified in Agreement. It is further understood and agreed that this Agreement supersedes all prior communications and negotiations between the parties, oral or written, relating to the subject matter hereof as well as any previous Agreements presently in effect between the parties relating to the subject matter hereof.

IN WITNESS WHEREOF, the parties have executed this Agreement as indicated below.

**FORT BEND COUNTY**

By   
Robert E. Hebert, County Judge

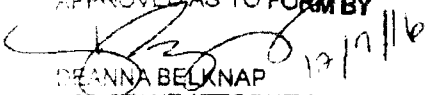
**UNIVERSITY OF TEXAS AT ARLINGTON**

  
Kelly Davis  
CFO / VP for Business Affairs  
University of Texas Arlington  
701 S. Nedderman Drive  
Arlington, Texas 76019

Date: 12-30-2016

Date: 12/7/16

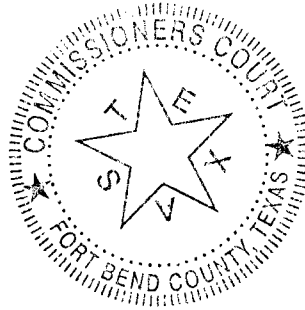
APPROVED AS TO FORM BY

  
DEANNA BELKNAP  
ASSISTANT ATTORNEY  
UNIVERSITY OF TEXAS AT ARLINGTON

ATTEST:

*Laura Richard*

\_\_\_\_\_  
Laura Richard, County Clerk



**EXHIBIT A**  
**STUDENT CONFIDENTIALITY AGREEMENT**

## STUDENT CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_ ("STUDENT"), acknowledge and agree to the following:

STUDENT agrees to maintain confidentiality of any information deemed confidential by the COUNTY including any and all patient information and all confidential hospital information. The undersigned, agrees not to reveal to any person or persons, except authorized individuals, any specific patient information, except as required by law or as authorized by COUNTY.

STUDENT further agrees that if computer network account is made available for Student purposes, that such information contained within the computer network is confidential information. STUDENT will not remove any confidential computer records from COUNTY including paper records. STUDENT agrees not to change, delete, modify, or remove any computer file that belongs to another person.

STUDENT acknowledges that any violation of this confidentiality Agreement is cause for disciplinary action, including administrative removal from the PROGRAM, and may also result in legal action by COUNTY, patients, government, or other individuals.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

STUDENT Signature: \_\_\_\_\_

Signature of Parent (if STUDENT is a minor):

Parent Printed Name (if STUDENT is a minor):

Witness Signature: \_\_\_\_\_

Witness Name Printed : \_\_\_\_\_

**EXHIBIT B**  
**RELEASE OF LIABILITY**

**RELEASE OF LIABILITY**

I, \_\_\_\_\_ ("Participant"), have this day released and do hereby release, acquit and forever discharge Fort Bend County, and its officers, employees, agents, servants and all persons in privity with them of any and all claims and causes of action of any kind, at law or in equity, and from any liability for any and all damages, injuries, death, costs, pain and suffering, or expenses and from any other claim arising from or which may be alleged to arise from my use of any Fort Bend County facility ("Facilities").

I, \_\_\_\_\_, intend this release of liability to cover all situations that may occur while I participate in the PROGRAM at the Facilities.

I, \_\_\_\_\_, agree to assume the risk of any personal injury, loss, or damage that may result from my participation in the PROGRAM at the Facilities. I know of no condition that would limit or preclude my participation in this PROGRAM. I understand that a photocopy of this authorization is as valid as the original.

If any part of this release is construed to be invalid by a court of law, such construction shall not invalidate the remainder of this instrument.

This Release shall extend to and be binding upon participant, its heirs, executors, administrators, successors, assigns and legal representatives. I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN FORT BEND COUNTY AND MYSELF AND SIGN IT OF MY OWN FREE WILL.

**IN WITNESS WHEREOF**, Participant hereby sets its hands to this instrument.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

STUDENT Signature: \_\_\_\_\_

Signature of Parent (if STUDENT is a minor):

Parent Printed Name (if STUDENT is a minor):

Witness Signature: \_\_\_\_\_

Witness Name Printed : \_\_\_\_\_

**EXHIBIT C**  
**PARTICIPANT CONTACT INFORMATION**

**PARTICIPANT CONTACT INFORMATION**

Name: \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ Work (W) \_\_\_\_\_ Cell (C) \_\_\_\_\_

DL: State: \_\_\_\_\_ Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In the event of an emergency, please contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Any known allergies: \_\_\_\_\_