



4. Both parties agree that they will not discriminate against any person because of race, religion, color, gender, sexual orientation, national origin, age, disability, special disabled veteran's status or Vietnam-era veteran's status, or any other protected 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 representative for the PROGRAM is:

Jacquelyn Johnson-Minter, MD, MBA, MPH  
Director and Local Health Authority  
Fort Bend County Health & Human Services  
4520 Reading Road, Suite A  
Rosenberg, Texas 77471

The SCHOOL representative for the PROGRAM is:

Alicia Velasco  
Field Experience Manager  
Office of Field Experience  
Grand Canyon University

Jacob Scroggins  
Field Experience Manager  
Office of Field Experience  
Grand Canyon University

## **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 staff 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 refuse participation of any Student designated by the SCHOOL 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, herself or themselves; (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. SCHOOL shall comply with COUNTY's request to remove Student(s) in the event that COUNTY determines that there is cause to do so.

### III. OBLIGATIONS OF SCHOOL

1. SCHOOL shall establish Course and Practicum Description, including guidelines for Student eligibility, the provision of classroom theory and practical instruction. SCHOOL shall ensure that Students meet eligibility requirements prior to PROGRAM participation.
2. When applicable, SCHOOL shall require students to attend clinical orientation when requested by COUNTY.
3. 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; and
  - c. Any other immunizations as required by law.
5. SCHOOL will assure COUNTY of Student's reasonable proficiency of infectious disease control issues.
6. SCHOOL will provide a faculty advisor who is available for consultation and direction.

The SCHOOL representative or faculty advisor for the PROGRAM is:

Alicia Velaso  
(602) 639-6278

[Alicia.Velasco@gcu.edu](mailto:Alicia.Velasco@gcu.edu)

Jacob Scroggins  
(602) 639-6092

[Jacob.Scroggins@gcu.edu](mailto:Jacob.Scroggins@gcu.edu)

SCHOOL shall inform COUNTY in a timely manner of any changes in the information listed above.

7. SCHOOL will require faculty and Students to comply with all COUNTY policies.
8. SCHOOL will require Students to provide to COUNTY the following completed documents:
  - a. EXHIBIT A: STUDENT CONFIDENTIALITY AGREEMENT,
  - b. EXHIBIT B: STUDENT ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, and
  - c. EXHIBIT C: STUDENT PARTICIPATION FORM.

The aforementioned documents are attached to this Agreement, as Exhibits A, B and C.

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, faculty advisor 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 understands and agrees to notify Student that Student will be responsible for their own transportation, meals, and health care needs in the performance of this Agreement.
13. SCHOOL will be responsible for equipment that is broken or damaged due to Student's negligence.
14. SCHOOL will be responsible for the final grading of Student.
15. Visits by SCHOOL and visits by SCHOOL'S faculty are welcome for purposes of observation of student with prior notification to COUNTY.

#### IV. INDEMNITY

**TO THE EXTENT ALLOWED BY LAW, EACH PARTY AGREES TO AND SHALL HOLD HARMLESS THE OTHER PARTY, ITS 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 EITHER PARTY'S USE OF COUNTY'S 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 provide 30 days' notice to COUNTY of cancellation. SCHOOL shall provide certified copies of insurance endorsements, if requested by COUNTY. 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 an Occurrence form from such companies having Bests rating of A/VII or better, 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. School shall also keep in full force general liability insurance in the amount of \$1,000,000 per occurrence and \$2,000,000 in the aggregate, with umbrella liability coverage in amounts not less than \$1,000,000.

#### VI. TERM AND TERMINATION

1. This Agreement shall become effective immediately upon execution by County and will continue in full force until April 17, 2022, unless terminated sooner in accordance with the terms herein.

2. Thereafter, the Agreement shall automatically renew for one year terms, not to exceed a period of five years, unless otherwise terminated sooner as hereinafter provided.
3. Termination may occur on behalf of either party without cause upon the giving of thirty (30) days written notice to the other party in the manner and form provided for herein.
4. In the event that the Agreement is terminated, COUNTY may at, its own discretion, permit any participating student to complete the PROGRAM.

## VII. MISCELLANEOUS TERMS

1. Student will be responsible for their own transportation, meals, and health care needs in the performance of this Agreement.
2. SCHOOL will require students to be properly attired when reporting for clinical experience.
3. SCHOOL is responsible for the administrative functions related to the student's experience including rotation, attendance, knowledge of infectious control issues and proficiency.
4. SCHOOL will provide relevant background information on students as requested by the COUNTY to the extent permitted by law.
5. 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.
6. **HIPAA.** 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 the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d ("HIPAA") and any current and future regulations promulgated hereunder, including without limitation, the federal privacy regulations contained in 45 CFR parts 160-164 ("Federal Privacy Regulations," "Federal Security Regulations," and "Federal Electronic Transaction Regulations"), as applicable and all as may be amended from time to time, and all collectively referred to herein as "HIPAA Requirements"). 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.
7. The parties may not amend or waive this Agreement, except by a written agreement executed by both parties.
8. **RIGHTS AND REMEDIES.** 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.
9. 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.
10. 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.

11. **FERPA.** For purposes of this Agreement, pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA), the SCHOOL hereby designates the COUNTY as a SCHOOL official with a legitimate educational interest in the educational records of the Student participating in the PROGRAM to the extent that access to the records are required by the COUNTY to carry out the PROGRAM. COUNTY agrees to maintain the confidentiality of the educational records in accordance with the provisions of FERPA.
12. **RIGHT TO INSPECT.** 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.
13. **BREACH BY STUDENT.** 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.
14. **COMPLIANCE WITH APPLICABLE LAWS.** 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, minimum and maximum salary and wage statutes and regulations, licensing laws and regulations. When 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 Attn: County Judge 401 Jackson Street, 1 <sup>st</sup> Floor Richmond, Texas 77469
With copy to:	Jacquelyn Johnson-Minter, MD, MBA, MPH Director and Local Health Authority Fort Bend County Health & Human Services 4520 Reading Road, Suite A Rosenberg, Texas 77471
If to SCHOOL:	Grand Canyon University 3300 W. Camelback Road Phoenix, AZ 85017 ATTN: CONHCP – OFE <a href="mailto:Erica.Cato@gcu.edu">Erica.Cato@gcu.edu</a>

Either Party may change the address for notification by submitting written notice of same to the other.

#### **IX. CONFIDENTIAL AND PROPRIETARY INFORMATION**

1. SCHOOL acknowledges that it and its employees or agents may, in the course of performing their responsibilities under this Agreement, be exposed to or acquire information that is confidential to COUNTY. Any and all information of any form obtained by SCHOOL or its employees or agents from COUNTY in the performance of this Agreement shall be deemed to be confidential information of COUNTY ("Confidential Information"). Any reports or other documents or items (including software) that result from the use of the Confidential Information by SCHOOL shall be treated with respect to confidentiality in the same manner as the Confidential Information. Confidential Information shall be deemed not to include information that (a) is or becomes (other than by disclosure by SCHOOL) publicly known or is contained in a publicly available document; (b) is rightfully in SCHOOL's possession without the obligation of nondisclosure prior to the time of its disclosure under this Agreement; or (c) is independently developed by employees or agents of SCHOOL who can be shown to have had no access to the Confidential Information.
2. SCHOOL agrees to hold Confidential Information in strict confidence, using at least the same degree of care that SCHOOL uses in maintaining the confidentiality of its own confidential information, and not to copy, reproduce, sell, assign, license, market, transfer or otherwise dispose of, give, or disclose Confidential Information to third parties or use Confidential Information for any purposes whatsoever other than the provision of Services to COUNTY hereunder, and to advise each of its employees and agents of their obligations to keep Confidential Information confidential. SCHOOL shall use its best efforts to assist COUNTY in identifying and preventing any unauthorized use or disclosure of any Confidential Information. Without limitation of the foregoing, SCHOOL shall advise COUNTY immediately in the event SCHOOL learns or has reason to believe that any person who has had access to Confidential Information has violated or intends to violate the terms of this Agreement and SCHOOL will at its expense cooperate with COUNTY in seeking injunctive or other equitable relief in the name of COUNTY or SCHOOL against any such person. SCHOOL agrees that, except as directed by COUNTY, SCHOOL will not at any time during or after the term of this Agreement disclose, directly or indirectly, any Confidential Information to any person, and that upon termination of this Agreement or at COUNTY's request, SCHOOL will promptly turn over to COUNTY all documents, papers, and other matter in SCHOOL's possession which embody Confidential Information.
3. SCHOOL acknowledges that a breach of this Section, including disclosure of any Confidential Information, or disclosure of other information that, at law or in equity, ought to remain confidential, will give rise to irreparable injury to COUNTY that is 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 Consultant 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. The Parties agree to protect the participants' educational records in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g and any applicable policy of the Parties. To the extent permitted by law, the Parties may share information from participants' educational records with each other so that each can perform its respective responsibilities under this Agreement but shall not disclose or share education records with any third party.

#### **X. COMPLIANCE WITH LAWS**

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, minimum and maximum salary and wage statutes and regulations, licensing laws and regulations. When required by COUNTY, SCHOOL shall furnish COUNTY with certification of compliance with said laws, statutes, ordinances, rules, regulations, orders, and decrees above specified.

#### **XI. APPLICABLE LAW**

The laws of the State of Texas govern all disputes arising out of or relating to this Agreement. The parties hereto acknowledge that venue is proper in Fort Bend County, Texas, for all legal actions or proceedings arising out of or relating to this Agreement and waive the right to sue or be sued elsewhere. Nothing in the Agreement shall be construed to waive the COUNTY's sovereign immunity.

**XII. 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.

**XIII. 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.

**XIV. 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.

**XV. 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.

**XVI. 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**

**GRAND CANYON EDUCATION, INC.,  
D/B/A GRAND CANYON  
UNIVERSITY**

By: *KP George*  
KP George, County Judge

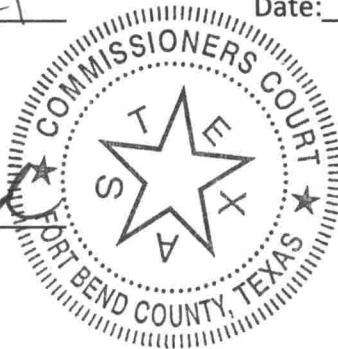
*Lisa Smith*  
Lisa Smith, PhD, RN, CNE,  
Dean and Professor, CONHCP

Date: 5-25-2021

Date: 4/26/2021

ATTEST:

*Laura Richard*  
Laura Richard, County Clerk



ATTACHMENTS: Exhibit A: Student Confidentiality Agreement  
Exhibit B: Release of Liability  
Exhibit C: Participant Contact Information

**EXHIBIT A**

**FORT BEND COUNTY  
STUDENT CONFIDENTIALITY AGREEMENT**

**STUDENT CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_ ("STUDENT"), will be participating as a Student in an internship experience at Fort Bend County pursuant to an agreement between the COUNTY and the.

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

STUDENT agrees that in the performance of his or her duties as a Student at the County that he or she may come in contact with, or be provided with, confidential or proprietary information.

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

Emergency Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Relationship of Contact to Student: \_\_\_\_\_

Any known allergies or other special needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_.

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY  
 CERTIFICATION OF FILING**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
 Grand Canyon University  
 Phoenix, AZ United States

**Certificate Number:**  
 2021-748274

**Date Filed:**  
 05/05/2021

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
 FORT BEND COUNTY

**Date Acknowledged:**  
 05/26/2021

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**  
 21-ClnchHlth-100608  
 Affiliation Agreement between Fort Bend County and Grand Canyon University

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
 Signature of authorized agent of contracting business entity  
 (Declarant)