

## CLINICAL PRACTICE REIMBURSEMENT AND INDEMNIFICATION AGREEMENT

Alamo Community College District (the "District") is allowing the undersigned student (the "Student") to participate in one or more clinical practice rotations at one or more health care facilities (the "Program") as part of the Student's curriculum. The District has potential liability to such health care facilities based upon the actions and behavior of the Student. In order to induce the District to allow the Student to participate in the Program, the Student hereby agrees as follows:

1. **Property Damage.** In the event that the District must pay any amounts to any health care facility because the Student negligently damages any property of any health care facility, including but not limited to, medical equipment, the Student hereby agrees to reimburse the District for any amounts so paid.
2. **Confidential Information.** In the event that the Student discloses any confidential patient information to an unauthorized party, and in the event that the District must pay any amounts to any health care facility or any other person or entity in connection therewith, the Student hereby agrees to reimburse the District for any amounts so paid.
3. **Negligence.** Student hereby agrees to reimburse the District for any and all costs and expenses which may be incurred by the District which are caused in whole or in part by the misbehavior or negligence of the Student and which are related in any way to the Program.
4. **Health Insurance.** Student hereby represents to the District that the Student is covered by health insurance for treating any injuries which the Student may experience at any of the health care facilities, and for treating illnesses that the Student may contract while present at any of the health care facilities.
5. **Treatment for Injury or Illness.** Student hereby agrees to pay any health care facility for any treatments provided to the Student due to injury or illness experienced by the Student while at any of the health care facilities, and hereby agrees to reimburse the District for any amounts paid by the District to any health care facility for health care provided to the Student.
6. **Risk of Exposure.** Student understands that a risk of exposure to blood, body fluid pathogens, stray radiation, and other potentially harmful agents is associated with the Student's clinical experience, whether or not the same includes a lab rotation.
7. **Indemnification.** Student hereby agrees to indemnify and hold harmless the District and its trustees, employees, agents, and volunteers (collectively, the Indemnities") from all claims, causes of action, liability, costs, and expenses which are related to, arise from, or are connected in any manner with actions taken or omissions made by the Student, except to the extent caused by any of the Indemnities.
8. **Release.** Student hereby agrees to and does hereby release the District and its trustees, employees, agents and volunteers from any and all claims and causes of action which the Student may have now, or may have in the future, whether or not the same may be ascertained at this date, relating to, or arising from, or connected in any manner with, the Student's participation in the Program.

DATED and EFFECTIVE as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Printed Name of Student

I understand that I am to keep this manual for the duration of my nursing courses. I am responsible to review the department's web site [<http://www.accd.edu/sac/nursing/dnepol/polindex.html>] for new policies pertaining to departmental requirements.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student