PROGRAM LETTER OF AGREEMENT FOR ROTATION OF UNIVERSITY OF FLORIDA

**COLLEGE OF MEDICINE RESIDENT OR FELLOW**

**AT AN EXTERNAL CLINICAL SITE**

The University of Florida Board of Trustees, for the benefit of the College of Medicine/Gainesville, University of Florida (“UNIVERSITY”), has responsibility for the training of physician residents and fellows (each hereinafter referred to as “RESIDENT”) in accordance with and as accredited by the Accreditation Council for Graduate Medical Education (ACGME). **Click or tap here to enter legal name** (“CLINICAL SITE”), located at **Click or tap here to enter address**, can provide a clinical setting in which RESIDENT may participate in medical education, research, and/or patient care. UNIVERSITY wishes to enter into this formal agreement (“Agreement”), with CLINICAL SITE in furtherance of its educational mission under Article IX, § 7 (a) of the Florida Constitution. This Agreement must be fully executed by UNIVERSITY and CLINICAL SITE prior to arrival of RESIDENT and before RESIDENT performs clinical services at CLINICAL SITE.

**AGREEMENT AND RESPONSIBILITIES**

CLINICAL SITE agrees to accept the assignment of **Click or tap here to enter resident name**, a RESIDENT in UNIVERSITY’s Department of **Click or tap here to enter UF department**, for a clinical rotation for the period from **Click or tap here to enter start date** to **Click or tap here to enter end date**.

**A. RESPONSIBILITIES OF CLINICAL SITE**

 1. CLINICAL SITE shall provide qualified preceptors and a structured educational experience to RESIDENT pursuant to ACGME standards. The individual assigned by CLINICAL SITE to assume administrative, educational, teaching, and supervisory responsibility for RESIDENT’s clinical experience is **Click or tap here to enter preceptor name**.

 2. CLINICAL SITE shall provide to RESIDENT, upon his/her arrival at CLINICAL SITE a current set of CLINICAL SITE’s rules and regulations pertaining to the site of assignment.

 3. CLINICAL SITE shall arrange for access by RESIDENT to available library facilities at the site of assignment.

 4. CLINICAL SITE shall arrange for immediate emergency care in the event of RESIDENT's accidental injury or illness, but CLINICAL SITE shall not be responsible for costs involved, follow-up care, or hospitalization.

5. CLINICAL SITE shall formally evaluate in writing the performance of RESIDENT.

 6. CLINICAL SITE shall have the right to remove RESIDENT from CLINICAL SITE's programs in the event RESIDENT does not, in the sole judgment of CLINICAL SITE, satisfactorily perform assigned duties while in the program.

 7. CLINICAL SITE shall maintain professional liability insurance coverage for CLINICAL SITE and its personnel in amounts consistent with that maintained by similar entities, and shall provide evidence of such insurance upon reasonable request of UNIVERSITY.

**B. RESPONSIBILITIES OF UNIVERSITY**

 1. UNIVERSITY shall identify in writing the educational goals and objectives to be attained during RESIDENT’s clinical experience at CLINICAL SITE and shall attach same hereto as **Attachment A**.

 2. UNIVERSITY shall require that RESIDENT has appropriate qualifications, including appropriate skills, training, health status, and other qualifications as required by CLINICAL SITE.

 3. UNIVERSITY shall instruct RESIDENT to attend all educational activities, perform clinical services as assigned by preceptor(s), and adhere to applicable policies of UNIVERSITY and CLINICAL SITE, if not in conflict with those of UNIVERSITY.

 4. UNIVERSITY shall instruct RESIDENT to wear a pictured name tag identifying his/her status with UNIVERSITY.

 5. UNIVERSITY shall be responsible for the payment of all salaries and fringe benefits accruing to RESIDENT, and will provide workers compensation protection to RESIDENT, while RESIDENT is participating in CLINICAL SITE programs, in accordance with applicable Florida laws and regulations.

 6. While engaged in activities described in this Agreement, RESIDENT shall function in the capacity of an employee or agent of The University of Florida Board of Trustees (UFBOT) and shall be subject to the personal immunity to tort claims as described in Section 768.28, Florida Statutes. Accordingly, the UFBOT acting as UNIVERSITY shall, in accordance with applicable Florida laws and regulations, provide professional liability protection for claims and actions arising from the clinical activities of each RESIDENT. To the extent that the State of Florida, on behalf of the Board of Governors and UFBOT, has partially waived its immunity to tort claims and is vicariously responsible for the negligent acts and omissions of its employees and agents as prescribed by Section 768.28, Florida Statutes, UFBOT is protected for a claim or judgment by any one person in a sum not exceeding Two Hundred Thousand Dollars ($200,000.00) and for total claims or judgments arising out of the same incident or occurrence in a total amount not exceeding Three Hundred Thousand Dollars ($300,000.00), such protection being provided by the University of Florida J. Hillis Miller Health Center Self-Insurance Program, a self-insurance program created pursuant to the authority of Section 1004.24, Florida Statutes. Personnel and agents of UFBOT are not individually subject to actions arising from their state functions. Any damages allocated against the UFBOT as prescribed by Section 766.112, Florida Statutes, are not subject to reallocation under the doctrine of joint-and-several liability to codefendants of the UFBOT in professional liability actions. The sole remedy available to a claimant to collect damages allocated to UFBOT is as prescribed by Section 768.28, Florida Statutes. All liability protection described in this Section is on an “occurrence” basis. The University of Florida J. Hillis Miller Health Center Self-Insurance Program provides ongoing protection with no expiration.

 7. UNIVERSITY shall instruct its RESIDENTS to keep patient information strictly confidential and to not use confidential patient information for any purpose other than treatment or as a part of their own training. RESIDENTS shall be instructed to comply with all applicable requirements of state and federal law for the protection of confidential patient information, including privacy regulations of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

**C. MISCELLANEOUS**

1. The parties hereby acknowledge that they are independent contractors, and neither the UNIVERSITY nor any of its agents, representatives, employees or RESIDENTS shall be considered agents, representatives, or employees of CLINICAL SITE. In no event shall this Agreement be construed as establishing a partnership or joint venture or similar relationship between the parties hereto.

2. Nothing in this Agreement, express or implied, is intended or shall be construed to confer upon any person, firm or corporation other than the parties hereto and their respective successors or assigns, any remedy or claim under or by reason of this Agreement or any term, covenant or condition hereof, as third party beneficiaries or otherwise, and all of the terms, covenants and conditions hereof shall be for the sole and exclusive benefit of the parties hereto and their permitted successors and assigns.

3. Each person signing on behalf of the parties to this Agreement represents and warrants that he/she has full authority to execute the Agreement on behalf of such party and that the Agreement will constitute a legal and binding obligation.

4. This Agreement, including all attachments, contains the entire and complete understanding and agreement between the parties pertaining to the subject matter herein, and supersedes and cancels any and all prior agreements or understandings, whether oral or written, relating to the subject matter hereto. No other terms or conditions in the future shall be valid and binding on any party unless reduced to writing and executed by both parties.

 **IN WITNESS WHEREOF**, the duly authorized officers of the parties hereto have executed this Agreement, effective on the date of signature by both parties.

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| **CLINICAL SITE** | **THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES, FOR THE BENEFIT OF THE COLLEGE OF MEDICINE, GAINESVILLE, UNIVERSITY OF FLORIDA** |
| By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ |
|  DatePrint Name: Title of Legal Signatory:  | Lisa R. Dixon, M.D. DateAssociate Dean for Graduate Medical EducationCollege of Medicine/GainesvilleUniversity of Florida |
|  | **ACKNOWLEDGED FOR UNIVERSITY:** |
| By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ |
| Responsible Preceptor DatePrint Name:  | Program Director DateDepartment of **Click or tap here to enter department**/GainesvilleCollege of MedicineUniversity of Florida |
|  | By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ |
|  | Chairman DateDepartment of **Click or tap here to enter department**/GainesvilleCollege of MedicineUniversity of Florida |

**PLEASE ENSURE THE EDUCATIONAL GOALS AND OBJECTIVES ARE ATTACHED TO THIS AGREEMENT BEFORE SIGNING.**