

EXHIBIT A

MUST BE COMPLETED FOR EACH STUDENT AND SUBMITTED TO CLINICAL COORDINATOR PRIOR TO START OF PLACEMENT (2 PAGES)

| JH AFFILIATE INFORMATION | | SCHOOL INFORMATION | |
|----------------------------|------------------|-------------------------------|-------------------------------|
| JHAffiliate: | | Name of School: | Labouré College of Healthcare |
| Dept./Unit: | | | |
| Clinical Coordinator: | | Academic Coordinator: | Victoria Mansfield |
| Email: | | | |
| Preceptor (If applicable): | | | |
| STUDENT INFORMATION | | EMERGENCY CONTACT INFORMATION | |
| Name: | | | |
| Address: | | Emergency Contact Name | |
| | | Address: | |
| Phone: | | Phone: | |
| Email: | | Email: | |
| Student's Field of Study: | Respiratory Care | | |
| Placement Dates: | | | |

| REQUIRED TRAINING | Documentation (JH reserves right to request additional documentation) | Note In this column If requirement Is waived, will be provided by JH, or Is not applicable. |
|---------------------------------|--|---|
| Infection Control /Fire Safety | Date Completed: | |
| HIPAA Training | Date Completed: | |
| Other (11st here If applicable) | Date Completed: | |
| | | |

| HEALTH AND BACKGROUND SCREENS | Documentation (JH reserves right to request additional documentation) | Note In this column If requirement Is waived, not applicable, or any additional Information. |
|---|---|--|
| Drug Screening (9 panel; within past 12 months) | Date of Test: Acceptable Result: _yes _no | |
| PPD results (within past 12 months) If positive, negative chest x ray following most recent active period of disease | Date Completed _____ | |
| Influenza Inoculation | Date of Most Recent: _____ | |
| HBV or Declination | Date: _____ | |
| Varicella Inoculation or titer | Date: _____ | Check for full series of Inoculation or positive titer |
| MMR Inoculation or titer | Date: _____ | Check for full series of inoculation or positive titer |
| TDAP (vaccination after age 19) | Date: _____ | |
| Criminal Background Check (within past 12 months) | Date of Oleck : _____ Submitted to JH: _____ (see Agreement, Section 2.3b) | |

| ATTACHMENTS | Check if attached |
|--|--------------------------|
| Confidentiality Statement (Exhibit B)-Signed by Student | |
| Waiver and Release (Exhibit C)- Signed by Student | |
| Copy of Health Insurance Card (unless waived) | |
| Certificate of Insurance | |
| If Applicable: <ul style="list-style-type: none"> 0 Student License or Certification (copy attached; original presented on first day of placement) 0 CPR certification (copy attached; original presented on first day of placement) | |
| Other: _____ | |

EXHIBIT B

CONFIDENTIALITY AGREEMENT AND HIPAA TRAINING CERTIFICATION FOR CONTRACTED WORKERS AND VISITING STUDENTS

I understand that I may come in contact with or require information to perform my duties or continue my studies at the Johns Hopkins University or Johns Hopkins Health System entity by which I am engaged or through which I am participating in my academic program ("Johns Hopkins"). This information may include, but is not limited to, information on patients, employees, students, other workforce members, donors, research, and financial and business operations (collectively referred to as "Confidential Information"). Some of this information is made confidential by law (such as "protected health information" or "PHI" under the federal Health Insurance Portability and Accountability Act) or by Johns Hopkins policies. Confidential Information may be in any form, e.g., written, electronic, oral, overheard or observed.

By signing below, I agree to the following:

- I will not disclose Confidential Information to patients, friends, relatives, co workers or anyone else except as permitted by Johns Hopkins policies and applicable law and as required to perform my Johns Hopkins-related duties or studies.
- I will not post or discuss Confidential Information, including pictures and/or videos on my personal social media sites (e.g. Facebook, Twitter, etc.). Likewise, I will not post or discuss Confidential Information on Johns Hopkins sponsored social media sites without appropriate approval in accordance with established Johns Hopkins policies and procedures.
- I will not access, maintain or transmit Confidential Information on any unencrypted portable electronic devices (e.g. Blackberries, Androids, iPhones, iPads, etc.) and agree to use such devices, with respect to Confidential Information, in accordance with Johns Hopkins policies only.
- I will protect the confidentiality of all Confidential Information, including PHI and electronic PHI, while at Johns Hopkins and after I leave Johns Hopkins. All Confidential Information remains the property of Johns Hopkins and may not be removed or kept by me when I leave Johns Hopkins except as permitted by Johns Hopkins policies or specific agreements or arrangements applicable to my situation.

If I violate this agreement, I may be subject to adverse action up to and including termination of my ability to work at or on behalf of Johns Hopkins or termination of my participation in any educational programs at Johns Hopkins. In addition, under applicable law, I may be subject to criminal or civil penalties.

By signing below, I certify that I have received basic HIPAA privacy and security training and have read and understand the above and agree to be bound by it,

Name: _____ Company: _____

Signature: _____ Date: _____

Privacy and Security Tips and Reminders

- Avoid disclosing unencrypted electronic PHI in e-mails and shared files over the Internet.
- Never share your log-in with another user.
- Never store electronic PHI on a handheld or portable device that is unencrypted.
- Access and use only the PHI needed to do your job.
- Log off or lock your computer when you are not using it.
- Report computer security problems quickly.
- Report lost or stolen PHI or electronic PHI as soon as possible.

EXHIBIT C

**JOHNS HOPKINS HEALTH SYSTEM
CLINICAL PLACEMENT WAIVER AND RELEASE FOR STUDENTS**

Affiliates of The Johns Hopkins Health System ("JHHS") host students in numerous specialties to support the development and education of future health care professionals. JHHS Affiliates include acute care hospitals, clinics, surgery centers, home health care organizations, and other entities that provide health care services. In addition to JHHS itself, "Affiliates" hosting students include, but are not necessarily limited to, The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Howard County General Hospital, Suburban Hospital, Sibley Memorial Hospital, Johns Hopkins All Children's Hospital, Johns Hopkins Home Care Group, Johns Hopkins Community Physicians, Johns Hopkins Medicine International, and Johns Hopkins Healthcare LLC.

This Waiver and Release is executed by the "Student" named below to cover the Student's participation in a clinical placement with an "Affiliate" of The Johns Hopkins Health System.

The Student acknowledges and is aware that his/her anticipated clinical placement with a JHHS Affiliate could include exposure to various patient care areas, laboratory, and/or research environments, and has certain inherent risks. Working in a medical environment carries with it the possibility of personal injury, as well as potential exposure to airborne or blood borne pathogens, which could lead to an infectious illness such as AIDS, Hepatitis, TB, influenza, COVID-19, or other illness. The clinical placement could involve handling of sharp instruments or other equipment that could cause injury if not handled properly, The Student assumes all risks inherent in participating in the clinical placement, and agrees to follow all required precautionary measures, including without limitation, personal protective equipment and physical distancing requirements, as well as instructions as may be provided by Johns Hopkins staff.

If the clinical placement includes participating in a ride-along opportunity in a land or air medical response vehicle, the Student acknowledges that such ride along opportunity may be dangerous and may result in bodily injury and/or death, as well as the exposure risks set forth in the preceding paragraph. The Student assumes all risks inherent in medical transport activities, as well as riding along and responding to emergencies with lights and sirens, and the risks found at the scene of an emergency. The Student agrees to follow all precautionary measures and instructions given by Johns Hopkins and the transport company staff.

If the clinical placement involves visits to patient homes, or other "off-site" environments, the Student acknowledges and is aware that Johns Hopkins cannot guarantee the safety of the environment, the domestic situation, or other factors. Student agrees to follow all precautionary measures and direction provided by Johns Hopkins staff, and to alert staff of any perceived safety concerns. Except for the ride-along opportunity discussed above, Students are responsible for their own transportation when traveling to and from different locations as a part of the clinical placement.

By signing below, the Student (and his/her legal guardian if the Student is a minor) accepts the risks inherent in the clinical placement and agrees to abide by all rules and instructions provided. The Student and legal guardian understand that failure to follow instructions and rules can lead to removal from the placement.

Having been advised of and accepting the inherent risks of a clinical placement, the Student (and the Student's legal guardian if the Student is a minor) hereby releases and waives all claims against the Johns Hopkins Affiliate that is hosting the Student, as well as its affiliates, parent organization, and their respective trustees, officers, agents, employees, and assigns, whether related to activity on or off of Johns Hopkins property or in any land or air medical response vehicle, arising out of the inherent risks stated above; the Student's negligence; or the Student's failure to follow rules or instructions.

I have read and agree to the terms of this Clinical Placement Waiver and Release.

Student Name: _____

Student Signature & Date: _____

If Student is a minor: Legal Guardian Name & Relationship to Student: _____

Legal Guardian Signature & Date: _____