

**UNIVERSITY OF COLORADO COLORADO SPRINGS
CLINICAL EDUCATIONAL AGREEMENT**

THIS CLINICAL EDUCATIONAL AGREEMENT (“AGREEMENT”) is made and entered into on June 1, 2017 by and between **LANCASTER COUNTY, NEBRASKA, FOR THE LANCASTER COUNTY MENTAL HEALTH CRISIS CENTER** (“AGENCY”) with principal offices located at 825 J St., Lincoln, NE 68508 and The Regents of the University of Colorado, a body corporate, for and on behalf of the University of Colorado Colorado Springs (“SCHOOL”) at 1420 Austin Bluffs Parkway, Colorado Springs, CO 80918.

WHEREAS, the purpose of this AGREEMENT is to guide and direct the parties respecting their affiliation, working arrangements, and agreements in furtherance thereof to provide high-quality clinical education experiences for students in the SCHOOL’s Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences.

WHEREAS, neither party intends for this AGREEMENT to alter in any way its respective legal rights or its legal obligations to the students assigned to the AGENCY, or any third party.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, the parties agree as follows:

A. Responsibilities of the SCHOOL

1. The SCHOOL will use its best efforts to see that students selected for participation in the clinical education program are prepared for effective participation in the clinical education phase of their overall education.
2. The SCHOOL will retain ultimate responsibility for the education of its students.
3. The SCHOOL will provide qualified and competent faculty members at the school in adequate number for the instruction and supervision of students using the AGENCY facilities.
4. The SCHOOL will instruct all students assigned to the AGENCY facilities in the confidentiality of patient/client records and patient/client information imparted during the education experience, and will ensure all students complete the SCHOOL’S education modules necessary to comply with its HIPAA requirements as a covered entity. The SCHOOL will also instruct all students that the confidentiality requirements survive the termination or expiration of this AGREEMENT.
5. The SCHOOL will require all participating students to provide proof of health insurance. In the event of an emergency, the AGENCY will provide such emergency care as is

provided its employees. The student will be responsible for any charges thus generated if the charges are not covered under the Colorado Workers' Compensation Act.

6. The SCHOOL will require all participating students to have passed a criminal background check and to have documented appropriate immunizations. If applicable, the AGENCY shall notify the SCHOOL of any requests for evidence of immunization. The SCHOOL will then provide evidence to the AGENCY of any required immunizations for its students.

7. The SCHOOL will encourage student compliance with the facility's rules, regulations, and procedures, and use its best efforts to keep students informed as to the same and any changes therein. Specifically, the SCHOOL will keep each participating student apprised of his or her responsibilities.

8. The SCHOOL has an equal opportunity/affirmative action program and does not discriminate on the basis of race, sex, creed, color, age, national origin, or individual handicap in any aspect of employment or training. The institution's educational programs, activities, and services offered to students, faculty, and/or employees are administered on a nondiscriminatory basis subject to the provisions of Title VI and VII of the Civil Rights Act of 1964, Titles VII and VIII of the Public Health Services Act, the Rehabilitation Act of 1973 (Section 504), the Equal Pay Act of 1963 as amended, Title IX of the Educational Amendments of 1972, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, and the nondiscrimination laws of the State of Colorado.

9. The SCHOOL warrants and represents that it self-insures for professional liability insurance for itself and for its public employees and students who provide health care services pursuant to the Colorado Governmental Immunity Act (C.R.S. §§24-10-101 through 24-10-120). The SCHOOL agrees that its self-insurance program will provide coverage in accordance with the limits of the Colorado Governmental Immunity Act. The Colorado Governmental Immunity Act provides that the maximum amount that may be recovered against a public entity or public employee will be (a) \$350,000 for any injury to one person in a single occurrence, and (b) \$990,000 for any injury to two or more persons in any single occurrence (except that no person may recover in excess of \$350,000). [For those approved activities that take place in a state other than Colorado, or in the event a court of competent jurisdiction determines on final judgment that the limits of the Colorado Governmental Immunity Act do not apply, the University of Colorado Self-Insurance and Risk Management Trust has provided for professional liability insurance coverage of at or above \$1,000,000/\$3,000,000 through a commercial insurance policy, to the extent that such policy would cover the actions of students from the SCHOOL participating under this Agreement.]

10. Further, all students subject to the provisions of C.R.S. §§ 8-40-101 *et seq.*, and participating in educational programs conducted by or administered through the SCHOOL, will be covered under the Colorado Workers' Compensation Act. The SCHOOL will be responsible for providing workers' compensation and liability coverage for students of SCHOOL at the AGENCY.

11. The SCHOOL shall inform its students that they must obtain prior written approval from the AGENCY and the SCHOOL before publishing any material related to the clinical educational experience.

B. Responsibilities of the AGENCY

1. The AGENCY has a responsibility to maintain a learning environment in which sound educational experiences can occur, therefore, the AGENCY will provide physical facilities and learning opportunities.

2. The AGENCY will provide the opportunity for students and faculty to observe and participate in agreed upon services provided by the AGENCY.

3. The AGENCY will retain full responsibility for care of the patients and will maintain administrative and professional supervision of students insofar as their presence and program assignments affect the operation of the AGENCY and its care, direct and indirect, of patients.

4. The AGENCY will provide adequate clinical facilities for participating students in accordance with the clinical objectives developed through cooperative planning by the SCHOOL's departmental faculty and the AGENCY's staff.

5. The AGENCY staff will, upon request, assist the SCHOOL in the evaluation of the learning and performance of participating students.

6. To the extent possible, the AGENCY will provide for the orientation of SCHOOL's participating students as to the AGENCY's philosophies, rules, regulations, and policies of the AGENCY. Attendance at such orientation will be required before any student will be permitted to participate in the program.

7. The AGENCY will limit access to students' files and personal information and will maintain files and personal information in confidence and limit access to only those employees or agents with a need to know and further agrees to comply with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g ("FERPA") and its implementing regulations and all applicable federal and state laws and regulations concerning the confidentiality of such student information to the same extent as such laws and regulations apply to the SCHOOL. For the purposes of this Agreement, pursuant to FERPA, the SCHOOL hereby designates the AGENCY as a school official with a legitimate educational interest in the educational records of the student(s) who participate in the Program to the extent that access to the records is required by the AGENCY to carry out the Program.

8. Upon request, the AGENCY will provide proof of liability insurance in an amount that is customary in the community.

9. The AGENCY will provide written notification to the SCHOOL promptly if a claim arises involving a student.

10. The AGENCY will permit, on reasonable request, the inspection of clinical and related facilities by agencies charged with the responsibility for accreditation of the SCHOOL.

11. The AGENCY will resolve any situation in favor of its patients' welfare and restrict a student to the role of observer when a problem may exist until the incident can be resolved by the staff in charge of the student or the student is removed.

12. The AGENCY shall designate a Clinical Educator. The AGENCY shall notify the SCHOOL of the temporary absence (more than one week) of the Clinical Educator and designate an acting Clinical Educator.

C. Mutual Responsibilities

1. Representatives for each party will be established on or before the execution of this AGREEMENT.

2. The parties will work together to maintain an environment of quality patient care. At the insistence of either party, a meeting or conference will promptly be held between SCHOOL and AGENCY representatives to resolve any problems or develop any improvements in the operation of the clinical education program.

3. The personnel of both parties will seek each other's cooperation in carrying out the provisions of this AGREEMENT. During the term of this AGREEMENT, arrangements may be made for periodic meetings between representatives of the SCHOOL and representatives of the AGENCY to promote understanding of and adjustments to any operation or activity involved herein.

4. The AGENCY may request the removal of any student whom the AGENCY determines is not performing satisfactorily, or who refuses to follow the applicable administrative and patient care policies, procedures, rules, and/or regulations. Such request must be in writing, and must include a statement of the reason or reasons why AGENCY desires to have the student removed. The student must be afforded by the SCHOOL an opportunity to respond in writing to the statements. However, AGENCY may immediately remove from the premises any student who poses an immediate threat or danger to personnel or to the quality of medical services, or for unprofessional behavior.

D. Term and Termination

This AGREEMENT will commence as of the date first written above and will continue for a term of five (5) years, unless cancelled or terminated pursuant to the terms of this agreement. This AGREEMENT may be canceled at any time and for any reason by either party upon not less than ninety (90) days prior written notice to the other party. Should notice of termination be given under this Section, students then scheduled to AGENCY will be permitted to complete any previously scheduled clinical assignment at AGENCY.

E. Governing Law

The laws of the State of Colorado and rules and regulations issued pursuant thereto will be applied in the interpretation, execution, and enforcement of this AGREEMENT. Any provisions of this AGREEMENT, whether or not incorporated herein by reference, that provide for arbitration by any extra-judicial body or person or that are otherwise in conflict with said laws, rules, and regulations will be considered null and void. Nothing contained in any provision incorporated herein by reference which purports to negate this provision in whole or in part will be valid or enforceable or available in any action at law whether by way of complaint, defense, or otherwise. Any provision rendered null and void by the operation of this provision will not invalidate the remainder of this AGREEMENT to the extent that the AGREEMENT is capable of execution. Neither shall any provisions of the AGREEMENT be construed as an express or implied waiver of the AGENCY's sovereign immunity, or an express or implied acceptance by AGENCY of liabilities in tort in excess of those provided by the Nebraska Political Subdivision Tort Claims Act, Neb. Rev. Stat. §§ 13-901 et seq.

F. Employment Disclaimer

The students participating in the program will not be considered employees or agents of the AGENCY for any purpose. Students will not be entitled to receive any compensation from AGENCY or any benefits of employment from AGENCY, including but not limited to, health care or workers' compensation benefits, vacation, sick time, or any other benefit of employment, direct or indirect. AGENCY will not be required to purchase any form of insurance for the benefit or protection of any student of the SCHOOL.

G. Assignment

This AGREEMENT will not be assigned by either party without the prior written consent of the other.

H. Governmental Immunity

It is specifically understood and agreed that nothing contained in this paragraph or elsewhere in this AGREEMENT will be construed as: an express or implied waiver by the SCHOOL of its governmental immunity or of the governmental immunity of the State of Colorado; an express or implied acceptance by the SCHOOL of liabilities arising as a result of actions which lie in tort or could lie in tort in excess of the liabilities allowable under the

Colorado Governmental Immunity Act, C.R.S. §§ 24-10-101 through 24-10-120; a pledge of the full faith and credit of a debtor contract; or, as the assumption by the SCHOOL of a debt, contract, or liability of the AGENCY in violation of Article XI, Section 1 of the Constitution of Colorado.

I. Notices

All notices provided by either party to the other will be in writing, and will be deemed to have been duly given when delivered personally or when deposited in the United States mail, First Class, postage prepaid, addressed as follows:

For the Agency:
Scott Etherton, Center Director
Mental Health Crisis Center of Lancaster County
825 J St.
Lincoln, NE 68508

For the School:
Diane Busch
UCCS
1420 Austin Bluffs Pkwy.
Colorado Springs, CO 80918

J. Evidence of Immunization/Health Status

If applicable, the AGENCY shall notify the SCHOOL of any requests for evidence of immunization. The SCHOOL will then provide evidence to the AGENCY of any required immunizations for its students.

K. Responsibility for Injuries

Notwithstanding any provision to the contrary in this AGREEMENT, the AGENCY will be responsible for any claim or cause of action based upon the negligence of its employees providing services related to this agreement to the extent and only to the extent provided by the Nebraska Political Subdivision Tort Claims Act, Neb. Rev. Stat §§ 13-901 et seq.

L. Severability

The invalidity of any provision of this AGREEMENT will not affect the validity of any other provisions.

M. Headlines

Headlines in this AGREEMENT are for convenience only.

N. Entire Agreement

This AGREEMENT contains the entire AGREEMENT of the parties and may be modified only by a written instrument executed by both parties.

In WITNESS WHEREOF, the parties hereto have caused this AGREEMENT to be executed effective as of the date first written above.

SCHOOL:

THE REGENTS OF THE UNIVERSITY OF COLORADO, a Body Corporate:

BY: Dr. Nancy Smith

04CDD8673CFB0463
Nancy Smith, PhD, APN, FAANP
Dean and Professor
Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences
University of Colorado
Colorado Springs

DATE: 6/9/2017

**AGENCY:
LANCASTER COUNTY, NEBRASKA FOR THE LANCASTER COUNTY MENTAL
HEALTH CRISIS CENTER
BOARD OF COUNTY COMMISSIONERS:**

BY: _____

DATE: _____

BY: _____

DATE: _____

BY: _____

DATE: _____

BY: _____

DATE: _____

BY: _____

DATE: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/1/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 6399 S. Fiddlers Green Cir Suite 200 Greenwood Village CO 80111	CONTACT NAME: Anita Bruner	
	PHONE (A/C, No., Ext): 303-889-2574 FAX (A/C, No): 303-889-2575 E-MAIL ADDRESS: anita_bruner@ajg.com	
INSURED The Regents of University of Colorado A Body Corporate Colorado Springs Campus Colorado Springs CO 80933-7150	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Princeton Excess & Surplus Lines In	10786
	INSURER B: Arch Insurance Company	11150
	INSURER C:	
	INSURER D:	
	INSURER E:	

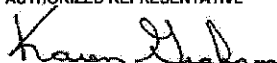
COVERAGES **CERTIFICATE NUMBER: 881307136** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Educ Legal Liab. <input checked="" type="checkbox"/> SIR - \$1,250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		N3A3RL000001010	10/1/2016	10/1/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$Excluded MED EXP (Any one person) \$Excluded PERSONAL & ADV INJURY \$Included GENERAL AGGREGATE \$None PRODUCTS - COMP/OP AGG \$Included \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> SIR Limit <input checked="" type="checkbox"/> \$1,250,000		N3A3RL000001010	10/1/2016	10/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$Included BODILY INJURY (Per person) \$InAbove BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCX002954808	10/1/2016	10/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$2,000,000 E.L. DISEASE - POLICY LIMIT \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

For WC Coverage - SIR - \$1,500,000.

CERTIFICATE HOLDER Beth-El College of Nursing and Health Science University of Colorado at Colorado Springs 1420 Austin Bluffs Parkway Colorado Springs CO 80933-7150 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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