UNIVERSITY OF CINCINNATI
ON BEHALF OF THE ATHLETIC TRAINING PROGRAM
OF THE COLLEGE OF ALLIED HEALTH SCIENCES

GENERAL MEDICAL OBSERVATION
MEMORANDUM OF UNDERSTANDING

THIS AGREEMENT, entered into between, the UNIVERSITY OF CINCINNATI on behalf of its Athletic Training Program of the College of Allied Health Sciences (hereinafter School) referred to as the and ________________________________ (hereinafter Agency), shall govern the use of the Agency's facilities by the faculty and students of the School.

WHEREAS, the Athletic Training program has a curriculum, and

WHEREAS, general medical exposure is required and an integral part of the curriculum and,

WHEREAS, the Athletic Training program desires the cooperation and expertise of Agency for the development of clinical education within its curriculum, and

NOW THEREFORE, it is hereby agreed by and between the parties as follows:

The University of Cincinnati Athletic Training Program agrees to:

a. Assume responsibility for assuring continuing compliance with the educational and clinical guidelines established by the National Athletic Trainers’ Association Education Council (NATA-EC), and Commission on Accreditation of Athletic Training Education (CAATE).
b. Assign athletic training students to a general medical clinical rotation for observation purposes.
c. Ensure the participating students will adhere to all policies and procedures of your facility.
d. Maintain ongoing communication with the chair of your facility to provide feedback and accept suggestions.
e. Ensure each student is HIPAA compliant, OSHA qualified, and current with immunizations.

Agency agrees to:

a. Provide a clinical site for the purpose of educational observation in the area of general medical conditions and disabilities.
b. Provide corroboration of assigned visits by athletic training students by signing a visitation form.
c. Provide feedback on behavior, professionalism, and interaction of the athletic training students by completing brief evaluation on visitation form.

Agency understands and agrees that information embodied in student education records is protected from disclosure pursuant to the Federal Family Education and Privacy Rights Act (FERPA), 20 U.S.C. § 1232 (g) and agrees to abide by its provisions. Agency will report to School any breach of such confidential student information within five (5) days of becoming aware of a breach. Upon termination, cancellation,
expiration or other conclusion of the Agreement, Agency shall securely store or destroy confidential student education records in accordance with its own human resource retention policies.

Agency will be responsible for enforcement of its HIPAA policies and procedures and compliance by School’s students. School’s students will be functioning as part of the Agency’s workforce pursuant to 45 C.F.R. §160.103 and will be subject to the Agency’s HIPAA policies and procedures.

Both Parties further agree to the following terms:

a. This Agreement shall become effective on the ___ day of _________, 20__, and shall remain in full force and effect between the parties unless amended by mutual agreement or terminated. The Agreement can be terminated at the will of either party hereto upon giving the other party no less than ninety (90) days written notice of the party’s intention to terminate. All students involved in the clinical experience at the time of termination shall be permitted to complete the current term.

b. This agreement may be revised or modified by written agreement when both parties agree to such an agreement.

c. If either party wishes to terminate this agreement, it is understood that written notice of at least three (3) months will be given to the other party.

NOTICES. All notices hereunder by either Party to the other shall be in writing, delivered personally, by certified or registered mail, return receipt requested, or by overnight courier, and shall be deemed to have been duly given when delivered personally or when deposited in the United States mail, postage prepaid, addressed as follows:

If to Agency: 

________________________  
________________________  
________________________  

Copy to:  

________________________  
________________________  
________________________  

If to School: University of Cincinnati  
Office of General Counsel  
P.O. Box 210661  
Cincinnati, Ohio 45221-0661  
Attention: Contracts  

College of Allied Health Sciences  
University of Cincinnati  
3202 Eden Avenue  
Cincinnati, OH 45267  
Attention: Program Coordinator
IN WITNESS WHEREOF, we have hereunto set our hands.

UNIVERSITY OF CINCINNATI
on behalf of the College of Allied Health Sciences

For the Agency:

___________________________________
Tina Whalen, EdD, DPT
Dean, College of Allied Health Sciences

___________________________________

Date       Date