

**MPH PUBLIC HEALTH PRACTICUM**

**STUDENT AGREEMENT – LEGAL FORM**

In consideration of my participation in a Practicum at the University of Southern California (“USC”), I agree as follows:

- Confidentiality.** As a student participant in a Practicum, I may be collecting, reviewing or analyzing data from patients about sensitive, personal aspects of their health and/or behavior (“Patient Records”). I understand that the maintenance of confidentiality is required when working with patients and clients in a public health setting. Consequently, I will not disclose Patient Records nor discuss information about a patient with anyone other than authorized individuals working on my project. I agree to maintain confidentiality and protect the privacy of research participants in accordance with law and professional standards. In accordance with those professional standards, I may only disclose confidential Patient Records if maintaining confidentiality would jeopardize the health or safety of others. I understand that improper disclosure of confidential Patient Records could lead to the termination of my Practicum/Internship, among other things.
- Proof of Insurance.** Students participating in a Practicum are required to have and maintain health insurance during the entire term of the Practicum, as well as provide proof of such insurance prior to beginning the Practicum and at the request of the Practicum/Internship site administrator. Should my health insurance change during my Practicum/Internship, I understand it is my responsibility to provide updated proof of valid health insurance to USC. By signing below I certify that I have current, valid health insurance. My health insurance provider is \_\_\_\_\_ and covers Major Medical. The expiration of my health insurance is \_\_\_\_\_. (Please attach a photocopy of the insurance card to this document.) I understand that failure to have or maintain valid health insurance could lead to the suspension or termination of my Practicum.
- Worker’s Compensation.** As a student, I understand that I am not an employee of USC and am therefore ineligible to be covered by USC’s worker’s compensation insurance. If I am paid a stipend from the Practicum site, I understand that it is my responsibility to inquire from the site if I would be considered an employee of the site and therefore covered by their worker’s compensation insurance and otherwise subject to the other obligations imposed upon employees.
- Reimbursement for Health Care Costs.** I understand that I am responsible for paying any health care costs incurred during my Practicum that my health insurance provider does not pay. In no event is USC responsible for such expenses. I understand that since some health insurance carriers may not reimburse students for medical treatment provided outside of the health insurance company’s group, it is my responsibility to contact my health insurance carrier to determine where and how I will receive treatment if injured while at the Practicum site. I should also inquire if I can be reimbursed for any treatment administered at the Practicum site.
- Practicum Policies and Procedures.** By signing below I certify that I have read, understood, and agree to all of the policies and procedures outlined in the USC MPH Practicum as well as any additional guidelines provided to me by the Practicum site. I understand that failure to abide by these policies and procedures may lead to the termination of my participation in the Practicum, among other things.
- Release and Indemnity.** I am participating in the Practicum with full knowledge of the risks inherent in such participation, including possible physical injury or other loss or damage and agree to accept and assume any and all risks associated with participation in the Practicum. In consideration of USC’s accepting me into the Practicum, I, my heirs, executors, administrators, employers, agents, representatives, insurers and attorneys, hereby release and discharge USC, its officers, trustees, facility, employees, agents and representatives (hereafter "released parties") from any and all claims which may arise from any cause whatsoever, regardless of the source. I further release and discharge the released parties from responsibility for any accident, illness, negligence, passive or active, or injury or any other consequences arising or resulting directly or indirectly from my participation in the Practicum. I hereby agree to indemnify and hold harmless the released parties from any loss or liability whatsoever including reasonable attorneys’ fees, caused by my participation in the Practicum.

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

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date