

## PARTICIPATION AGREEMENT

This Agreement sets forth the terms applicable to your participation in an educational experience (the "Experience") at UConn Health.

### Section 1: Policies and Procedures

You are required to follow and abide by all UConn Health policies and procedures applicable to your Experience. You must participate and complete all required orientation and training programs before beginning your experience. Your compliance is vital for ensuring the safety of patients and staff. Copies of UConn Health's policies and procedure are available at <https://health.uconn.edu/policies/>.

### Section 2: Confidentiality

You must protect patient privacy and maintain the confidentiality of medical records and data is extremely important. You are required to read and comply with UConn Health's Policy of Confidentiality and will hold patient, personnel and UConn Health organizational information in confidence. This obligation to maintain confidentiality continues even after your Experience ends. You are required to report violations of UConn Health's Policy of Confidentiality to UConn Health Privacy and Information Security Officers.

### Section 3: Health Insurance

You are required to have health insurance to participate in an Experience and will be financially responsible for any medical expenses you incurred while participating in an Experience. By signing this agreement, you acknowledge your responsibility and agree to maintain health insurance for the duration of the Experience.

### Section 4: Consent to Disclosure of Records

You acknowledge that UConn Health will need access to your educational records (e.g., transcript, disciplinary records, recommendations and immunization records) which are maintained by your educational institution and are subject to the Family Educational Rights Privacy Act of 1974 ("FERPA"). You consent to the disclosure of your educational records to UConn Health personnel, to the extent necessary, to secure or to undertake your Experience. Such information may be released orally or in the form of copies of written records. UConn Health will not share your records with any third party unless you provide written consent or as may be required by law.

### Section 5: Photography

You authorize the University of Connecticut, including UConn Health ("University") to record photographs or likenesses of you on any medium and to use, reproduce, modify, distribute, and publicly exhibit such recordings, in whole or in part, without restriction. You further consent to the use of your name and biographical material in connection with such recordings. You waive any right you may have to inspect or approve any photographs or other likenesses of yourself.

### Section 6: Employment Disclaimer

You acknowledge that your participation in an Experience at UConn Health will not be considered as an employee of UConn Health for any purpose. You will not be entitled to receive any compensation or

benefits available to UConn Health employees. You will not qualify for workers' compensation benefits, vacation, sick time, or any other benefit of employment.

Section 7: Violation of Terms and Dismissal

You acknowledge that your participation in an Experience at UConn Health is contingent upon you complying with the terms of this agreement. You understand that if you fail to comply with any term, UConn Health can terminate your Experience and dismiss you.

*I hereby understand and consent to the terms and conditions as stated in this agreement.*

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*Participant Signature* *Date*

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*Full Name (print)*