

Providence Hospital

Mobile, Alabama

EDUCATION AFFILIATION AGREEMENT

THIS AFFILIATION AGREEMENT (“Agreement”) is made and entered into as of June 1, 2020 (“Effective Date”) between Board of Regents of the University System of Georgia by and on behalf of Georgia State University (“School”), and Providence Hospital (“Hospital”).

RECITALS:

WHEREAS, School, seeks to provide clinical educational experiences for students in health-related programs such programs further described in *Exhibit A*; and

WHEREAS, Providence Hospital located at Mobile, AL, is willing to make available it’s facilities and any affiliated Providence Hospital CLINICS to School for students enrolled in health-related programs for the said clinical educational experiences;

WHEREAS, it is an accepted principle that care of the patient is the primary function of Providence Hospital and that education is the primary function of School, and that cooperation and harmony are essential if both functions are to be carried out properly. It is therefore understood that School and Providence Hospital, shall each appreciate the concerns of the other and shall work together in developing any part of the program not covered by this agreement.

NOW, THEREFORE, in consideration of the mutual promises contained herein, the parties hereby agree as follows:

I. RESPONSIBILITIES OF SCHOOL

A. Clinical Program. School’s responsibilities shall include, but not be limited to, the following:

- 1) to encourage student compliance with Program’s rules, regulations and procedures and use best efforts to keep students informed as to the same and any changes therein;;
- 2) to appoint a principal liaison between the School and the Hospital for all matters concerning the Program.
- 3) to require all faculty involved in the Program to abide by all policies, procedures, rules and regulations of the Hospital
- 4) provision of classroom theory and practical instruction to students prior to their clinical assignments at Hospital;
- 5) coordination of student/patient assignments and rotation plans with Hospital;

- 6) continuing oral and written communication with Hospital regarding student performance and evaluation, absences and assignments of students, and other pertinent information;
- 7)
- 8) participation if deemed appropriate by School, with the students, in Hospital's Quality Assurance and related programs;
- 9) If placing students from nursing program, School shall maintain an NCLEX passing rate;
- 10) performance of such other duties as may from time to time be agreed to between School and Hospital; and
- 11) to have the full responsibility for the conduct of any student or faculty disciplinary proceedings and conduct the same in accordance with all applicable statutes, rules, regulations and case law.

All students participating in the Program while on Hospital premises ("Program Participants") shall be accountable to Hospital's Administrator.

- B. Student Statements.** School shall require each Program Participant to sign a Confidentiality Statement in the form attached hereto as *Exhibit B.*
- C. Health of Program Participants.** School shall advise Student that he or she must provide to Hospital on request satisfactory evidence that he or she is free from contagious disease and does not otherwise present a health hazard to Hospital patients, employees, volunteers or guests prior to his or her participation in the Program. This includes proof of immunity to rubella and rubella as well as evidence of immunization for Hepatitis B Virus. Also, evidence of a negative TB skin test during the past year or chest x-ray. The Program Participant shall be responsible for arranging for his/her medical care and/or treatment, , including any screens for impairment, and if necessary, including transportation in case of illness, impairment, or injury while participating in the Program at Hospital. In no event shall Hospital or School be financially or otherwise responsible for said medical care and treatment.
- D. Flu Immunizations.** School acknowledges that the first priority of Hospital is to ensure the safety and health of its patients and workers. In accordance, beginning January 1, 2013, documentation regarding annual influenza vaccination will be required for all Hospital associates, licensed independent practitioners, volunteers and students. School shall advise all Program Participants that they must have 1) received immunization; 2) documentation of medical ineligibility from LIP; or 3) documentation as a conscientious objector. Documentation of such status must be submitted to Associate Health prior to any student experience. School will further advise Program Participant that failure to provide accurate documentation of vaccination status will render Program Participant ineligible for any student experiences on Hospital campuses.

- E. Drug Testing/Background Check.** School hereby agrees and acknowledges that Hospital has an obligation to ensure that the Hospital's patients are protected to the extent reasonably possible from potential harm due to School's Program Participants who are completing clinical rotations in Hospital and using illegal drugs or alcohol while in the Hospital setting. School shall advise Program Participants that he or she must have: (i) a criminal background check performed prior to beginning a clinical rotation at Hospital; and (ii) undergone a drug screening as a precondition to beginning a clinical rotation at Hospital. In addition, Hospital may require that Program Participant to undergo an alcohol screening if there is reasonable suspicion that the Program Participant is under the influence when reporting to a clinical rotation assignment. School or Program Participant may provide such testing and ensure that results are available upon request. School does not have to provide results to Hospital but only ensure that Program Participant passed such testing based on School's current criteria.
- F. Dress Code.** School shall inform students assigned to Hospital to dress in accordance with Hospital appropriate dress and personal appearance standards.. In addition, Program Participant shall be required to wear a badge provided by Hospital while on Hospital premises.
- G. Performance of Services.** School and Hospital shall have a specially designated staff for the performance of the services specified herein. School and all Program Participants shall perform its and their duties and services hereunder in accordance with all relevant local, state, and federal laws and shall comply with the standards and guidelines of all applicable accrediting bodies and the bylaws, rules and regulations of Hospital and any rules and regulations of School as may be in effect from time to time. Neither School nor any Program Participant shall interfere with or adversely affect the operation of Hospital or the performance of services therein. To the extent any faculty of School will accompany any Program Participant on Hospital campus, such faculty will be required to meet the same requirements of Program Participant.
- H. OSHA Compliance.** Hospital shall be responsible for the education and training of Program Participants in accordance with the final regulations issued by the Occupational Safety and Health Administration governing employee exposure to blood borne pathogens in the workplace under Section VI (b) of the Occupational Safety and Health Act of 1970, which regulations became effective March 6, 1992, and as may be amended or superseded from time to time (the "Regulations"), including providing Program Participants with (1) information and training about the hazards associated with blood and other potentially infectious materials, (2) information and training about the protective measures to be taken to minimize the risk of occupational exposure to blood borne pathogens, (3) training in the appropriate actions to take in an emergency involving exposure to blood and other potentially infectious materials, and (4) information as to the reasons the employee should participate in hepatitis B vaccination and post-exposure evaluation and follow-up. School shall arrange for the provision of the hepatitis B vaccination for Program Participants or documentation of declination in accordance with the Regulations.

- I. **Training.** Prior to a student's first assignment at Hospital, School shall inform student that he or she must complete required orientation sessions and/or materials.
- J. **Audit.** Student shall within three (3) business days of a written request from Hospital, make available to Hospital the results of any background check, immunization or drug/alcohol screening for him or herself.

II. RESPONSIBILITIES OF HOSPITAL

- A. Hospital shall provide for the orientation of all Program Participants to Hospital.
- B. Hospital shall provide the opportunities for such students to observe and assist in various aspects of acute care patient care.
- C. Hospital shall coordinate with the School to determine an appropriate rotation and assignment schedule and those of other educational institutions.
- D. Hospital shall at all times retain ultimate control of the Hospital and responsibility for patient care and will maintain administrative and professional supervision of students insofar as their presence and program assignments affect the operation of the Hospital and its care, direct and indirect, of its clients.
- E. Hospital staff shall, upon request, assist School in the evaluation of the learning and performance of participating students, provided the student has signed a consent to exchange of educational information in accordance with the Family Educational Rights and Privacy Act of 1974, as amended. However, the Hospital agrees to keep confidential any student records or information it may obtain, unless it has otherwise obtained prior written consent of the student. Although the School shall obtain all required consents, the Hospital shall have the right to rely on such consents and to obtain copies of such consents upon request. Hospital will assign a staff representative as liaison between the Hospital and the University. Unless otherwise specified herein, any evaluation of students by the Hospital shall relate only to general student participation in the Program and shall in no way be construed as a certification by the Hospital as to the competence of any student or a representation by the Hospital of any student's ability or competence in connection with the practical implementation of any knowledge gained through the Program.

III. RESPONSIBILITY OF PHYSICIAN

In the case of Program Participants utilizing supervision of a designated physician with membership/privileges at Hospital (the "Physician"), while such Program Participant is on Hospital campus, Hospital will not be responsible for supervision of Program Participant. Program Participant shall be supervised by the Physician. Such Physician shall acknowledge his/her supervision of Program Participant by signing the attached 'Exhibit C.'

IV. MUTUAL RESPONSIBILITIES. The parties shall cooperate to fulfill the following mutual responsibilities:

- A. The number students designated for participation in the Program will be mutually determined by agreement of the parties and may at any time be altered by mutual agreement. All student participants must be mutually acceptable to both parties and either party may withdraw any student from a program based upon perceived lack

of competency on the part of the student, the student's failure to comply with rules and policies of the Hospital or the School or for any other reason where either party reasonably believes that it is not in the best interest of the Program for the student to continue.

- B. Students shall be treated as trainees who have no expectation of receiving compensation or future employment from Hospital or School.
- C. Any courtesy appointments to faculty or staff by either the School or Hospital shall be without entitlement of the individual to compensation or benefits for the appointed party.

V. **WITHDRAWAL OF PROGRAM PARTICIPANTS**

- A. Hospital may immediately remove from the premises any Program Participant who poses an immediate threat or danger to personnel or to the quality of medical services or for unprofessional behavior.
- B. Hospital may request School to withdraw or dismiss a Program Participant from the Program at Hospital when his or her clinical performance is unsatisfactory to Hospital, or his or her behavior, in Hospital's discretion, does not coincide with the standards, values and expected behaviors of Hospital or is disruptive or detrimental to Hospital and/or its patients. In such event, said Program Participant's participation in the Program shall immediately cease.

VI. **PARTICIPATION.** School acknowledges that Hospital is under no obligation to accommodate School requests for student assignments solely based on existence of this Agreement. Student assignments are made on a case by case basis and are contingent on the availability of Hospital associates to participate and the number of available student slots at the time of request. Furthermore, Hospital can decline to participate in any student placement requests regardless of contract status.

VII. **INDEPENDENT CONTRACTOR.** The parties hereby acknowledge that they are independent contractors, and neither the School nor any of its agents, representatives, students or employees or Program Participants shall be considered agents, representatives, or employees of Hospital. In no event shall this Agreement be construed as establishing a partnership or joint venture or similar relationship between the parties hereto. School shall be liable for its own debts; obligations, acts and omissions, including the payment of all required withholding, social security and other taxes or benefits. No Program Participant shall look to Hospital for any salaries, insurance or other benefits. The provisions set forth herein shall survive expiration or other termination of this Agreement regardless of the cause of such termination.

VIII. **NON-DISCRIMINATION.** There shall be no discrimination on the basis of race, national origin, religion, creed, sex, age, veteran status, disability or other legally protected classification in either the selection of students, or as to any aspect of the clinical training; provided, however, that with respect to disability, the disability must not be such as would, even with reasonable accommodation, in and of itself preclude the student's effective participation in the Program.

- IX. CORPORATE RESPONSIBILITY PROGRAM.** Hospital has in place a Corporate Responsibility Program ("Program"), which has as its goal to ensure that Hospital complies with federal, state and local laws and regulations. The Program focuses on risk management, the promotion of good corporate citizenship, including the commitment to uphold a high standard of ethical and legal business practices, and the prevention of misconduct. School acknowledges Hospital's commitment to Corporate Responsibility and agrees to conduct all business transactions, which occur pursuant to this Agreement in accordance with the Program, Hospital's Code of Conduct and Medicare billing requirements.
- X. ETHICAL AND RELIGIOUS DIRECTIVES.** The parties acknowledge that Hospital is a member of Ascension Health and that the operation of Hospital in accordance with the Ethical and Religious Directives for Catholic Health Care Services, as promulgated by the United States Conference of Catholic Bishops, Washington, D.C. of the Roman Catholic Church or its successor ("Directives") and the principles and beliefs of the Roman Catholic Church is a matter of conscience to Hospital. It is the intent and agreement of the parties that neither this Agreement nor any part hereof shall be construed to require Hospital to violate said Directives in its operation and all parts of this Agreement must be interpreted in a manner that is consistent with said Directives. In performing services under this Agreement, School shall conduct its activities in a manner consistent with said Directives. A copy of the Ethical and Religious Directives may be obtained by contacting Hospital's legal services.
- XI. EXCLUSION FROM FEDERAL HEALTH CARE PROGRAMS.** School represents that neither it, and to the best of its knowledge nor any of the Program Participants, have been nor are about to be excluded from participation in any Federal Healthcare Program. School agrees to notify Hospital within five (5) business days of School's receipt of a notice of intent to exclude or actual notice of exclusion from any such program. The listing of program participants, School or any School -owned subsidiary on the Office of Inspector General's exclusion list (OIG website) or the General Services Administration's Lists of Parties Excluded from Federal Procurement and Non-procurement Programs (GSA website) for excluded individuals and entities shall constitute "exclusion" for purposes of this paragraph. In the event that School is excluded from any Federal Healthcare Program, this Agreement shall immediately terminate. For the purposes of this paragraph, the term "Federal Healthcare Program" means the Medicare program, the Medicaid program, the Maternal and Child Health Services Block Grant program, the Block Grants for State for Social Services program, any state Children's Health Insurance program, or any similar program.
- XII. CONFIDENTIALITY**
- A. Hospital Information.** School recognizes and acknowledges that, by virtue of entering into this Agreement and fulfilling the terms of this Agreement, School and Program Participants may have access to certain information of Hospital that is confidential and constitutes valuable, special and unique property of Hospital.

School agrees that School will not at any time, (either during or subsequent to the term of this Agreement), disclose to others, use, copy or permit to be copied, without Hospital's express prior written consent, except in connection with the performance of School's and Program Participant's duties hereunder, any confidential or proprietary information of Hospital, including, without limitation, information which concerns Hospital's patients, costs, or treatment methods developed by Hospital, and which is not otherwise available to the public.

B. Patient Information. School shall not disclose to any third party, except where permitted or required by law or where such disclosure is expressly approved by Hospital in writing, any medical record or other patient information regarding Hospital patients, and School shall comply with all federal and state laws and regulations, and all bylaws, rules, regulations, and policies of Hospital and Hospital's medical staff, regarding the confidentiality of such information. School acknowledges that in receiving or otherwise dealing with any records or information from Hospital about Hospital's patients receiving treatment for alcohol or drug abuse, School and Program Participant are bound by the provisions of the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, as amended from time to time. School will inform students of their responsibility to keep in confidence all medical and health information pertaining to Hospital clients. The School will instruct Program Participants that they must comply with the policies and procedures of the Hospital regarding client confidentiality.

C. Privacy of Health Information. School acknowledges that Hospital must comply with the applicable provisions of the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996, codified at 42 U.S.C. § 1320 through d-8 ("HIPAA"), and the requirements of any regulations promulgated hereunder, including, without limitation, the federal privacy regulations as contained in 45 C.F.R. Parts 160 and 164, and the federal security standards as contained in 45 C.F.R. Parts 160, 162 and 164 (collectively, the "Regulations"). Accordingly, Hospital may only disclose Protected Health Information, as defined in 45 C.F.R. 164.501, or Individually Identifiable Health Information, as defined in 42 U.S.C. § 1320d(6) (collectively, "Protected Health Information") to a student for purposes of providing treatment to Hospital patients or training the student to be a health care provider. A student may only request or use Protected Health Information about a Hospital patient for treatment and Hospital training program purposes. A student may only disclose Protected Health Information about a Hospital patient for treatment purposes to other health care providers involved in the patient's treatment or to Hospital's workforce members involved in the student's training program for hospital's training program purposes. School will inform the student of his or her responsibility not to disclose Protected Health Information to School or its faculty, employees, agents or representatives unless direct patient identifiers are removed to create a limited data set in accordance with the limited data set standard at 45 C.F.R § 164.514(e) and the disclosure is pursuant to a limited data set use agreement between Hospital and School that satisfies Hospital's obligations under the limited data set standard. A student may disclose a patient's health information that has been de-identified in accordance with the de-

identification standard at 45 C.F.R. § 164.514(a) - (c) to School or its faculty, employees, agents or representatives for School's use in evaluating the student.

Program Participants shall not request, use or further disclose any Protected Health Information other than for the treatment and training purposes specified in this Agreement. Program Participants will be informed that they must seek to prevent the request for, use or disclosure of Protected Health Information other than as permitted by this Agreement. School will promptly report to Hospital any uses or disclosures, of which School become aware, of Protected Health Information in violation of this Agreement. In the event that School contracts with any agents or independent contractors to whom School provides Protected Health Information, School shall include provisions in such agreements pursuant to which School and such agents or independent contractors agree to the same restrictions and conditions that apply to School with respect to Protected Health Information. School will make its internal practices, books and records relating to the use and disclosure of Protected Health Information available to the Secretary of the United States Department of Health and Human Services to the extent required for determining compliance with HIPAA and the Regulations.

- D. Survival.** The provisions set forth in this Section 11 shall survive expiration or other termination of this Agreement, regardless of the cause of such termination.

XIII. INSURANCE.

- A.** Hospital shall secure and maintain at all times during the Term, at its sole expense, general liability insurance. Such coverage provided by Hospital may be afforded via commercial insurance, self-insurance, a captive, or some combination thereof at limits of at least \$1,000,000 per occurrence. Such coverage shall be primary and non-contributory. Upon either party's request, the other party shall provide a certificate of insurance evidencing such coverage. School is a self-insured state entity and provides liability coverage for its faculty pursuant to the terms of the Georgia Tort Claims Act (OCGA 50-21-20 et seq.) and the State Broad Form Insurance. School shall furnish Hospital with a certificate evidencing such insurance. School shall notify Hospital immediately in the event School receives notice of cancellation of its coverage. School will provide Worker's Compensation insurance coverage for its participating faculty members. However, neither the School nor the Hospital will provide Worker's Compensation insurance or other insurance coverage for students. This paragraph will survive the termination of this MOU.
- B.** Hospital shall secure and maintain at all times during the Term, at its respective sole expense, workers' compensation and employers' liability insurance covering its respective employees as required by State law.
- C.** Hospital shall secure and maintain at all times during the Term, at its respective sole expense, professional liability insurance, covering itself and its respective employees. School shall inform Program Participants (students) of Hospital's

requirement that he or she secure such coverage. If Program Participants (students) provide coverage on their own behalf, such coverage must be placed with an insurer approved by Hospital. Such coverage may be afforded via commercial insurance, self-insurance, a captive, or some combination thereof at limits of at least \$1,000,000 per claim/occurrence and \$3,000,000 aggregate.

Such insurance shall not be cancelable except upon 30 days' prior written notice to the other party. Such coverage shall be primary and non-contributory. This coverage shall be either (1) on an occurrence basis or (2) on a claims-made basis. If the coverage is on a claims-made basis, School shall notify student and Hospital hereby agrees that prior to the effective date of termination of the current insurance coverage, student and Hospital shall purchase, at their respective expense, either a replacement policy annually thereafter having a retroactive date no later than the Effective Date or tail coverage in the above stated amounts for all claims arising out of incidents occurring prior to termination of the current coverage or prior to termination of this Agreement. Upon request, Hospital shall provide a certificate of insurance evidencing such coverage. School shall notify student of their responsibility to provide a certificate of insurance to Hospital upon request.

XIV. TERM; TERMINATION.

- A. Term.** The initial term of this Agreement shall be three (3) years, commencing on the Effective Date.
- B. Termination.** Except as otherwise provided herein, either party may terminate this Agreement at any time without cause upon at least 45 days' prior written notice, provided that all students currently enrolled in the Program at Hospital at the time of notice of termination shall be given the opportunity to complete their clinical Program at Hospital, such completion not to exceed two (2) months.
- C. Effect of Expiration or Other Termination.** Upon expiration or other termination of this Agreement, School shall and shall inform Program Participants of their responsibility to either return or destroy all Protected Health Information received from Hospital or created or received by School or Program Participants on behalf of Hospital, and which School or Program Participants still maintain in any form. Notwithstanding the foregoing, to the extent that Hospital agrees that it is not feasible to return or destroy such Protected Health Information, the terms and provisions of Section 11 of this Agreement shall survive termination of this Agreement and such Protected Health Information shall be used or disclosed solely for such purpose or purposes which prevented the return or destruction of such Protected Health Information.

- XV. ENTIRE AGREEMENT.** This Agreement and its accompanying Exhibits contain the entire understanding of the parties with respect to the subject matter hereof and supersede all prior agreements, oral or written, and all other communications between the parties relating to such subject matter. This Agreement may not be amended or modified except by mutual written agreement. All continuing covenants, duties and obligations herein shall survive the expiration or earlier

termination of this Agreement.

XVI. SEVERABILITY. If any provision of this Agreement is held to be invalid or unenforceable for any reason, this Agreement shall remain in full force and effect in accordance with its terms disregarding such unenforceable or invalid provision.

XVII. [RESERVED]

XVIII. CAPTIONS. The captions contained herein are used solely for convenience and shall not be deemed to define or limit the provisions of this Agreement.

XIX. NO WAIVER. Any failure of a party to enforce that party's right under any provision of this Agreement shall not be construed or act as a waiver of said party's subsequent right to enforce any of the provisions contained herein.

XX. [RESERVED]

XXI. 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:

School:

Hospital: Providence Hospital
6801 Airport Blvd.
Mobile, Alabama 36608
ATTN: President/CEO

With a Copy to: Ascension Legal Services.
102 Woodmont Blvd., Suite 600
Nashville, TN 37205

Either party hereto may change its address / contact specific for notices herein by designating a new address / contact by written notice to the other party. All terms and conditions stated above are agreed and accepted by:


Board of Regents of the University System
of Georgia by and on behalf of Georgia
State University

Providence Hospital

BY: 

NAME: Wendy Hensel

TITLE: Provost and SVP for Academic Affairs

DocuSigned by:
BY: 

NAME: Susan Cornejo

TITLE: COO

DATE: 1/26/2021

Providence Hospital Education Affiliation

EXHIBIT A

Physical Therapy Clinical Education Program

Providence Hospital

Education Affiliation

EXHIBIT B

Corporate Responsibility and Ethical Practices

Providence Hospital is dedicated to the highest standard of moral and ethical excellence. Fostered from the Organizational Code of Ethics, Providence Hospital obtains this standard by requiring the agent, to maintain the high standard of Corporate Responsibility. As a student involved in clinical experiences at Providence Hospital, I will be committed to:

Quality of Care – Provide competent and compassionate care, respect and safeguard the dignity of the patient, and allow patients’ access to all the medical and ethical information necessary to make decisions about their care.

Laws and Regulations – Operate in accordance with all laws and regulations.

Human Resources – Cultivate a work environment where all associates, patients, and guests are highly regarded.

Business and Ethical Practices – Not purposely defraud anyone of money, property, or services and preserve and protect the organizational assets: physically, electronically and intellectually.

Conflicts of Interest – Not use my status at Providence Hospital to profit personally or to assist others in profiting in any way at the expense of the organization.

Confidentiality – Maintain the confidentiality of medical records and other patient information, known as **Protected Health Information (PHI)**; as well as keep confidential information about associates and proprietary business practices of the organization to include the security of information and electronic systems, known as Proprietary Information.

- * The Health Insurance Portability and Accountability Act of 1996 reinforces Providence Hospital’s ethical principle of confidentiality and expands the scope of **Protected Health Information (PHI)**. In association with Providence Hospital, I must be increasingly vigilant and self-enforce the nondisclosure of patient information including medical treatment, payment information or disposition, either in part or whole.

I have read, understand, and agree that as an affiliate of Providence Hospital, I am committed to uphold the highest standard of individual ethical and legal business practices. I will not tolerate illegal or questionable activity and promise to take whatever steps are required by the Corporate Responsibility Program to identify, report, and prevent such activity. *I also understand that knowingly disclosing PHI contrary to the protections as provided by the Health Insurance Portability and Accountability Act of 1996 (as amended) may result in immediate expulsion from Providence Hospital and that I may be held accountable in a court of law, fined up to \$50,000 per disclosing instance and receive up to 10 years imprisonment.*

All terms and conditions stated above are agreed and accepted by:

Student Name (Please Print Clearly) _____

Student Signature _____ Date _____

Student Educational Institution _____

Providence Hospital
Education Affiliation
EXHIBIT C

Physician Acknowledgement

I, the undersigned, as a physician with membership/privileges at Providence Hospital

_____ acknowledge that I will provide oversight
(name of facility)

and supervision of _____ while student performs a
(name of student)

clinical educational program on the campus(es) of Providence Hospital. The

student will be under my supervision at all times while participating in the

educational program. The anticipated dates the student will be on campus will be

_____ through _____.
(month/date/year) (month/date/year)

Physician Signature

Physician (Print Name)

Date