



Carolina's Medical Center NorthEast

EDUCATION AFFILIATION INFORMATION

Name of College/University:

Contact Person/Dept/Program:

Phone:

Fax:

Email:

This packet contains the following items to assist you with meeting the conditions of the affiliation agreement with CMC-NORTHEAST, INC.:

_____ Information on Service Standards of CMC-NORTHEAST, INC.

_____ Information on HIPPA Policies and Procedure Guidelines

- Workforce Privacy Training Policy
- Policy On Retaliation For Complaints
- Use and Disclosure of Protected Health Information
- Minimum Necessary Use and Disclosure
- Background and Sanction Checks
- Smoking

_____ Release from Responsibility Statement

- Make copies for your students and keep for your files. Submit only on request.

_____ Release from Confidentiality Statement

- Make copies for your students and keep for your files. Submit only on request.

_____ Required Immunization and Vaccination Form

- Keep documentation for your files.
- Submit verification date on form provided prior to assignment.

_____ * Evidence of Liability Insurance

- Certificate of Verification from insurance carrier.
- Submit prior to assignment.

_____ * Verification of Clearance Form

- Criminal Background Check
- Drug Screening
- Immunization and Vaccinations
- Submit prior to assignment.

Return only two forms with an asterisk to: Cabarrus College of Health Sciences
Attn: Theresa Bunn
401 Medical Park Drive
Concord, NC 28025

To schedule your students, please contact the appropriate CMC-NORTHEAST, INC. Department Manager.