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.