

**MEMORANDUM OF UNDERSTANDING  
CONCERNING AFFILIATION OF STUDENTS FOR  
CLINICAL EDUCATION/APPLIED LEARNING EXPERIENCE**

THIS MEMORANDUM OF UNDERSTANDING (this "MOU") is made and entered into as of the 1st day of March 2026, by and between ST. JOSEPH'S CANDLER HEALTH SYSTEM, INC. and its affiliates, including Saint Joseph's Hospital, Inc., Candler Hospital, Inc., SJC Medical Group, Inc. and SJC Home Health Services, Inc. (collectively referred to as "St. Joseph's/Candler"), and DSDT COLLEGE (referred to as the "College").

A. PURPOSE

The purpose of this MOU is to guide and direct the parties respecting their affiliation and working relationship, inclusive of anticipated future arrangements and agreements in furtherance thereof, to provide high quality clinical education/applied learning experiences for students in certain of the College's Departments, while at the same time enhancing the resources available to St. Joseph's/Candler for the providing of health care to patients of Saint Joseph's and Candler Hospitals and to patients of the physician practices affiliated with St. Joseph's/Candler.

B. GENERAL UNDERSTANDING

(1) The clinical education/applied learning experience programs to be provided will be of such content, and cover such periods of time as may from time to time be mutually agreed upon by the College and St. Joseph's/Candler. The starting and ending date for each program shall be agreed upon at least one month before the program commences. Clinical education/applied learning experience program implementation at St. Joseph's/Candler shall be subject to final approval by St. Joseph's/Candler.

(2) The number of students designated for participation in a clinical education/applied learning experience program will be mutually determined by agreement of the parties, and may at any time be altered by mutual agreement. All student and faculty participants must be mutually acceptable to the College and St. Joseph's/Candler and either the College or St. Joseph's/Candler may withdraw any student or faculty member from a program based upon the perceived lack of competency of the student or faculty member, the student's or faculty member's failure to comply with the rules and policies of the College or St. Joseph's/Candler, or for any other reason causing a party to believe that it is not in the best interest of the program for the student or faculty member to continue.

(3) There shall be no discrimination on the basis of race, national origin, religion, creed, sex, age, disability or veteran's status in either the selection of students for participation in the program or as to any aspect of the clinical education/applied learning experience; 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.

C. ST. JOSEPH'S/CANDLER RESPONSIBILITIES

(1) St. Joseph's/Candler will retain responsibility for the care of patients and will maintain administrative and professional supervision of students insofar as their presence and program assignments affect the operation of St. Joseph's/Candler and its care, direct and indirect, of patients. Nothing herein shall prevent any St. Joseph's/Candler patient from requesting not to be a teaching patient or prevent any appropriate personnel of St. Joseph's/Candler from designating any patient as a non-teaching patient.

(2) St. Joseph's/Candler will provide adequate clinical facilities for participating students in accordance with the clinical objectives developed through cooperative planning by the College's departmental faculty and St. Joseph's/Candler staff.

(3) St. Joseph's/Candler will use its best efforts to make conference space and classrooms available as may be necessary for teaching and planning activities in connection with clinical education/applied learning experience programs.

(4) St. Joseph's Candler staff shall, upon request, assist the College 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, St. Joseph's/Candler hereby 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 College shall obtain all required consents, St. Joseph's/Candler shall have the right to rely on such consents and to obtain copies of such consents upon request. St. Joseph's/Candler will assign a staff representative as liaison between St. Joseph's/Candler and the College. The St. Joseph's/Candler staff representative for each clinical education/applied learning experience program shall be designated on the Schedule of Additional Responsibilities relating to such program which is attached hereto as part of Exhibit A. Unless otherwise specified in such Schedule, any evaluation of students by St. Joseph's/Candler shall relate only to general student participation in such clinical education/applied learning experience program, and shall in no way be construed as a certification by St. Joseph's/Candler as to the competence of any student or a representation by St. Joseph's/Candler of any student's ability or competence in connection with the practical implementation of any knowledge gained through the clinical education/applied learning experience program.

(5) St. Joseph's/Candler shall provide for the orientation of both College faculty and participating students as to the facilities, philosophies, rules, regulations and policies of St. Joseph's/Candler..

(6) Subject to St. Joseph's/Candler overall supervisory responsibility for patient care, it may permit appropriately licensed, registered and/or certified faculty members who meet all other St. Joseph's/Candler requirements to provide such patient services at St. Joseph's/Candler as may be necessary for teaching purposes. The nature and scope of activities of College faculty members that may involve in any way patient care at St. Joseph's/Candler shall be subject to the sole discretion of St. Joseph's/Candler and to such conditions as St. Joseph's/Candler may deem necessary in its sole discretion including, but not limited to, prior proof of professional liability coverage, appropriate licensure, registration or certification, and compliance with all St. Joseph's/Candler rules, regulations, and policies.

(7) All medical or health care services (emergency or otherwise) that a student or College faculty member receives at St. Joseph's/Candler will be at the expense of the individual involved.

#### D. COLLEGE RESPONSIBILITIES

(1) The College will use its best efforts to see that students selected for participation in the clinical education/applied learning experience program are prepared for effective participation in the clinical training phase of their overall education. The College will retain ultimate responsibility for the education of its students.

(2) Prior to the commencement of a clinical education/applied learning experience program, the College will provide to St. Joseph's/Candler the names of student and faculty participants and will, upon request, provide St. Joseph's/Candler with such student records as will adequately disclose the prior education and related experiences of prospective student participants.

(3) The College will use its best efforts to see that the clinical education/applied learning experience programs at St. Joseph's/Candler are conducted in such a manner as to enhance patient care. Only those students who have satisfactorily completed the prerequisite didactic portion of their curriculum will be selected for participation in a program.

(4) The College will not assign any faculty member to St. Joseph's/Candler in connection with the operation of the program who is not appropriately licensed, registered or certified, or otherwise meets the requirements

of St. Joseph's/Candler, and will keep evidence of the licensure, registration or certification of all assigned faculty on file with St. Joseph's/Candler at all times. It is agreed that, in performing services related to a clinical education/applied learning experience program, all College faculty are employees of the College.

(5) The College will require student compliance with St. Joseph's/Candler rules, regulations and procedures, and use its best efforts to keep students informed as to the same and any changes therein. Specifically, the College will keep each participating student apprised of his or her responsibility:

a) To follow the administrative policies, standards and practices of St. Joseph's/Candler when the student is in a St. Joseph's/Candler facility;

b) To provide the necessary and appropriate uniforms and supplies required where not provided by St. Joseph's/Candler;

c) To report to the appropriate St. Joseph's/Candler facility on time and to follow all established regulations of St. Joseph's/Candler when the student is in a St. Joseph's/Candler facility;

d) To conform to the standards and practices established by the College while training at St. Joseph's/Candler;

e) To maintain the confidentiality of all medical, health, financial and social (including mental health) information pertaining to St. Joseph's/Candler patients;

f) To refrain from publishing any material related to the clinical education/applied learning experience program that identifies or uses the name of the College, St. Joseph's/Candler or any of its affiliates, patients, members, faculty or staff, directly or indirectly, unless prior written permission is received from the appropriate party. However, St. Joseph's/Candler hereby grants to the College the right to publish College administrative materials such as catalogs, course syllabi, clinical education/applied learning experience program reports, etc. that identify or use the name of St. Joseph's/Candler or its staff, directly or indirectly;

g) To comply with all federal, state and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances;

h) To follow Centers for Disease Control and Prevention (C.D.C.) Universal Precautions for Bloodborne Pathogens, C.D.C. Guidelines for Tuberculosis Infection Control, and Occupational Safety and Health Administration (O.S.H.A.) Respiratory Protection Standard;

i) To arrange for and be solely responsible for living accommodations while at St. Joseph's/Candler;

j) To wear a name tag that clearly identifies him/her as a student or faculty member; and

k) To sign a written agreement obligating the student or faculty member to observe all rules and policies established by St. Joseph's/Candler, to maintain the confidentiality of patient information, to refrain from publishing any material related to the clinical education/applied learning experience program that identifies or uses the name of the College or St. Joseph's/Candler, directly or indirectly, without first obtaining written approval, with the exception of the right to publish set forth in subsection (f) above, and which contains certain other agreements related to the student's participation in the clinical education/applied learning experience program.

(6) The College will require all participating faculty and students to maintain and keep in effect health insurance, and proof of such health insurance will be provided to St. Joseph's/Candler upon request. In addition, the College will require each participating student to furnish proof of a current physical examination, the results of which

shall, upon request, be made available to St. Joseph's/Candler. The College will also require each participating student to furnish proof of all currently required immunizations, the results of which shall, upon request, be made available to St. Joseph's/Candler. Students will also receive training and information from the College regarding the OSHA requirements for bloodborne pathogens and the St. Joseph's/Candler policy/procedures regarding exposure to blood and body fluids. The College will be responsible for any follow-up required by the St. Joseph's/Candler policy/procedures post-exposure.

(7) The College shall have the full responsibility for the conduct of all of its students and faculty. Disciplinary proceedings shall be the responsibility of the College and shall be conducted in accordance with all applicable statutes, rules, regulations and case law.

(8) The College will assign a faculty staff representative as a liaison between the College and St. Joseph's/Candler. The College staff representative for each clinical education/applied learning experience program shall be designated on the Schedule of Additional Responsibilities relating to such program which is attached hereto as part of Exhibit A.

#### E. MUTUAL RESPONSIBILITIES

The parties will work together to maintain an environment of quality clinical learning experiences and quality patient care. At the instance of the College or St. Joseph's/Candler, a meeting or conference will be promptly held between College and St. Joseph's/Candler representatives to resolve any problems or develop any improvements in the operation of the contemplated clinical education/applied learning experience programs. Following completion of each clinical education/applied learning experience program, upon request, the College will provide to St. Joseph's/Candler an evaluation of the clinical education/applied learning experience program.

#### F. ADDITIONAL PARTICULAR RESPONSIBILITIES

Additional responsibilities of the parties that are particular to each clinical education/applied learning experience program shall be as set forth in the Schedule of Additional Responsibilities attached to this MOU as Exhibit A.

#### G. LIABILITY INSURANCE

The College, at its sole expense, shall maintain in full force and effect general and professional liability insurance coverage with an insurance company or companies licensed to do business in the State of Georgia insuring the College and participating faculty members and students in the minimum amount of \$1,000,000 per occurrence (or shall maintain a self-insurance trust fund in an equivalent amount or a combination of both in an equivalent aggregate amount) against any liability arising from or in any manner pertaining to the duties, responsibilities and obligations of the College and participating faculty members and students under this MOU. St. Joseph's/Candler shall be named as an additional insured thereunder and proof of such insurance coverage will be provided to St. Joseph's/Candler prior to the commencement of the clinical education/applied learning experience program; in lieu of the foregoing with respect to participating faculty members and students, the College may require that participating faculty members and students maintain the insurance coverage required herein at their own expense, and proof of such insurance will be provided to St. Joseph's/Candler prior to the commencement of the clinical education/applied learning experience program.

#### H. INDEMNIFICATION

The College shall indemnify, defend and hold St. Joseph's/Candler and its affiliates harmless from and against any loss, liability, damage, action, cause of action, cost or expense (including, without limitation, reasonable attorneys' fees) arising out of or with respect to any actions or omissions of students or faculty of the College.

I. TERM

Unless sooner canceled as provided below, the term of this MOU shall be three (3) years, commencing on the date last signed below and may be renewed by mutual written consent of the parties; notwithstanding the foregoing, either the College or St. Joseph's/Candler may cancel this MOU at any time upon not less than ninety (90) days written notice of cancellation; provided, however, that in such event the parties will make reasonable efforts towards allowing students enrolled in clinical education/applied learning experience programs to complete the programs in which they are enrolled at the time of the notice of cancellation.

J. GENERAL

1) This MOU is intended solely for the mutual benefit of the parties hereto, and there is no intention, express or otherwise, to create any rights or interests for any party or person other than the College and St. Joseph's/Candler; without limiting the generality of the foregoing, no rights are intended to be created for any patient, student, parent or guardian of any student, spouse, next of kin, employer or prospective employer of any student.

2) Neither party is an agent, employee or servant of the other. The College and St. Joseph's/Candler acknowledge and agree that student participants in a clinical education/applied learning experience program are not employees of the College or St. Joseph's/Candler by reason of such participation, and that they assume no responsibilities as to the student participants that may be imposed upon an employer under any law, regulation or ordinance. Student participants shall in no way hold themselves out as employees or agents of the College or St. Joseph's/Candler.

3) This MOU shall be governed by, construed and applied in accordance with the laws of the State of Georgia. In case any one or more of the provisions contained in this MOU shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision of this MOU and this MOU shall be construed as if the invalid, illegal, or unenforceable provision had never been contained in it.

4) This MOU represents the entire agreement between the parties hereto with respect to the subject matter hereof, and this MOU shall supersede any and all previously executed Memoranda of Understanding between any of the parties for clinical education/applied learning experience programs.

5) Any notices to be given under this MOU by either party to the other may be effected by personal delivery in writing or by registered or certified mail with postage prepaid and return receipt requested. Mailed notices shall be addressed to the parties at their principal places of business to the President and/or Chief Executive Officer of the party. Notices delivered personally shall be deemed communicated as of actual receipt; mailed notices shall be deemed communicated as of three days after mailing.

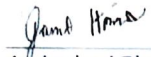
6) All covenants and indemnities made herein, and all remedies relating thereto, shall survive the termination of this MOU for any reason.

7) This MOU may be amended or supplemented only by the mutual agreement of the contracting parties in a writing signed by all parties to this MOU.

8) No failure on the part of either party to this MOU at any time to require performance by the other party of any term of this MOU shall be taken or held to be a waiver of such term or in any way affect such party's right to enforce such term, and no waiver on the part of either party of any term of this MOU shall be taken or held to be a waiver of any other term hereof or the breach thereof.

IN WITNESS WHEREOF, each party hereto has caused this MOU to be duly and properly executed and delivered, as of the day and year first above written.

College:



Authorized Signatory

Date: 03/16/2026

St. Joseph's/Candler:



Steve Pound  
Vice-President, Human Resources

Date: 5/18/26



A. College Faculty/Staff Representative(s):

Sean Strickler M.S.R.S., RT(R)(MR), MRSO (MRSC™)  
sean.strickler@dstd.edu  
MRI Program Director  
Associate of Applied Science in MRI Technology  
1759 W. 20th Street  
Detroit, MI 48216  
919-451-9218

B. St. Joseph's/Candler Contact Person:

Beth Grossman, RN  
Education Specialist  
St. Joseph's/Candler Health System, Inc.  
5353 Reynolds Street  
Savannah, GA 31405  
[staffeducation@sjchs.org](mailto:staffeducation@sjchs.org)  
912-819-7647

In the event that a College or St. Joseph's/Candler contact person changes, the College or St. Joseph's/Candler, as appropriate, hereby agrees to promptly notify the other party of such change.

## STUDENT/PROFESSIONAL VISITOR APPLIED LEARNING EXPERIENCE AGREEMENT

In consideration for my participation in a clinical education/applied learning experience program at a facility of St. Joseph's/Candler Health System, Inc. ("SJ/C"), I hereby agree to the following:

EL

(a) To follow the administrative policies, specifically including but not limited to the SJ/C Code of Conduct, and any other standards and practices of SJ/C, including drug testing for cause, when I am in a SJ/C facility;

EL

(b) To review the Student Orientation Self-Study Guide or any other orientation provided to me and be responsible for the content therein;

(c) To provide the necessary and appropriate uniforms and supplies required where not provided by SJ/C;

(d) To report to the appropriate SJ/C facility on time and to follow all established regulations of SJ/C when I am in a SJ/C facility;

(e) To conform to the standards and practices established by the School while training at SJ/C;

EL

(f) To maintain the confidentiality and not disclose through any method including any form of social media, any medical, health, financial, social (including mental health), risk management and or peer review information pertaining to SJ/C and/or SJ/C patients specifically including all regulations promulgated under the Health Insurance Portability and Accountability Act ("HIPAA") and Title XIII of the American Recovery and Reinvestment Act of 2009 ("HITECH"), and codified at 45 CFR parts 160, 162, and 164 ("HIPAA Regulations") regarding use and disclosure of protected health information ("PHI") of which I become aware through my participation as a student at SJ/C. I understand that any violation of this provision will result in the termination of my learning experience and SJ/C will the right to exercise any and all remedies available with respect to the release of any information;

EL

(g) To keep confidential and not reveal, disclose in any manner or permit anyone else to utilize any computer access code or password assigned to or selected by me for use through my participation as a student at SJ/C. I understand that I shall use my code only to the extent needed to perform the duties while at SJ/C and that it is my responsibility to log off all systems I have accessed before leaving any terminal. I will be liable for unauthorized access due to my failure to log off the terminal.

EL

(h) To protect the privacy, confidentiality and security of medical records, PHI, business information, employment and medical information, risk management and peer review activities and any other confidential information related to employees and health care providers at SJ/C and to only discuss such information in the work place for job related purposes and not discuss outside of the work place or within hearing of other people who do not need to know the information. This obligation continues after complete my clinical education/applied learning experience at SJ/C;

(i) To refrain from publishing any material related to the clinical education/applied learning experience program that identifies or uses the name of the School or SJ/C or any of its affiliates, patients, members, faculty or staff, directly or indirectly, unless prior written permission is received from the appropriate party;

(j) To comply with all federal, state and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances;

(k) To follow Centers for Disease Control and Prevention (C.D.C.) Universal Precautions for Bloodborne Pathogens, C.D.C. Guidelines for Tuberculosis Infection Control, and Occupational Safety and Health Administration (O.S.H.A.) Respiratory Protection Standard;

(l) To arrange for and be solely responsible for living accommodations while at SJ/C; and

(m) To wear a name tag that clearly identifies me as a student or professional visitor.

(n) This Agreement will be construed, governed and enforced according to the laws of the State of Georgia and will be treated as a State of Georgia contract without regard to laws related to choice or conflict of laws.

Further, I understand and agree, unless otherwise agreed to in writing, that I will not receive any monetary compensation from the School or SJ/C for any services I provide to SJ/C or its patients as part of my clinical education/applied learning experience program.

I understand and acknowledge that participation in activities taking place a health care environment involves inherent risks and hazards, including the risk of exposure to disease and blood/body fluids, and other potential risks. Although I understand that these risks may have serious consequences, I hereby expressly assume all of these risks, known or unknown, which could occur through my participation in the Program, and, I assume personal responsibility for my health and safety while I participate in the Program.

I agree to indemnify and hold SJ/C, its officers, employees and agents, harmless from and against any and all claims, charges, losses, damages, deficiencies, fines, penalties, expenses and other liabilities, including reasonable attorneys' fees or other costs, suffered or incurred by SJ/C resulting from or arising out of or with respect to my participation in any clinical education/applied learning experience program at SJ/C including but not limited to any causes of action arising from any unauthorized use and disclosure of PHI.

Unless otherwise agreed upon in writing, I also understand and agree that I shall not be deemed to be employed by or an agent or a servant of the School or SJ/C; that the School and SJ/C assume no responsibilities as to me as may be imposed upon an employer under any law, regulation or ordinance; that I am not entitled to any benefits available to employees; and, therefore, I agree not to in any way hold myself out as an employee of the School or SJ/C.

I understand and agree that I may be immediately withdrawn from the clinical education/applied learning experience program based upon my lack of competency, my failure to comply with the rules and policies of the School or SJ/C, if I pose a direct threat to the health or safety of others or, for any other reason the School or SJ/C reasonably believes that it is not in the best interest of the School, SJ/C or SJ/C patients for me to continue. Such party shall provide the other party and me with immediate notice of the withdrawal.

I understand and agree to show proof of professional liability insurance in amounts satisfactory to the School and SJ/C, and covering my activities at SJ/C, and to provide evidence of such insurance to SJ/C upon request. (Insurance provision does not apply to "Observation Only" students and professional visitors.)

EL

I further understand that I must maintain health insurance coverage while at SJ/C, providing evidence of coverage upon request, and that all medical or health care services (emergency or otherwise) that I receive at SJ/C will be my sole responsibility and expense.

I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older; that I am legally competent, and that I have freely and voluntarily signed this document.

This 23<sup>rd</sup> day of April, 2026.

Edner Lafortune  
Signature

Alexandra Barnes  
Witness Signature

Name: EDNER LAFORTUNE  
(Please print)

Name: Alexandra Barnes  
(Please print)

STATE OF Georgia  
COUNTY OF Liberty

The foregoing instrument was acknowledged before me this 21/23/26 by Edner Lafortune who is personally known to me or who has produced GAID 062138577 exp 01/03/29 as identification.



## FACULTY APPLIED LEARNING EXPERIENCE AGREEMENT

In consideration for my participation as an educator of students participating in a clinical education/applied learning experience program of Institution at a facility of St. Joseph's/Candler Health System, Inc. ("SJ/C"), I hereby agree to the following:

- (a) To follow the administrative policies, standards and practices of SJ/C, including drug testing for cause, when I am in a SJ/C facility;
- (b) To provide the necessary and appropriate uniforms and supplies required where not provided by SJ/C;
- (c) To report to the appropriate SJ/C facility on time and to follow all established regulations of SJ/C when I am in a SJ/C facility;
- (d) To conform to the standards and practices established by the Institution while at SJ/C;
- (e) To maintain the confidentiality of all medical, health, financial and social (including mental health) information pertaining to SJ/C patients, specifically including all regulations promulgated under the Health Insurance Portability and Accountability Act ("HIPAA") and Title XIII of the American Recovery and Reinvestment Act of 2009 ("HITECH"), and codified at 45 CFR parts 160, 162, and 164 ("HIPAA Regulations") regarding use and disclosure of protected health information ("PHI") of which I become aware through my participation as an educator of students while at SJ/C. I understand that any violation of this provision will result in the termination of my instructional participation with the students while at SJ/C and SJ/C will the right to exercise any and all remedies available with respect to the release of any information;
- (f) To keep confidential and not reveal or in any manner disclose any computer access code or password assigned to or selected by me for use through my participation as a student at SJ/C. I understand that I shall use my code only to the extent needed to perform the duties while at SJ/C and that it is my responsibility to log off all systems I have accessed before leaving any terminal. I will be liable for unauthorized access due to my failure to log off the terminal.
- (g) To refrain from publishing any material related to the clinical education/applied learning experience program that identifies or uses the name of the Institution, SJ/C or any of its affiliates, patients, members, faculty or staff, directly or indirectly, unless prior written permission is received from the appropriate party;
- (g) To comply with all federal, state and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances;
- (h) To follow Centers for Disease Control and Prevention (C.D.C.) Universal Precautions for Bloodborne Pathogens, C.D.C. Guidelines for Tuberculosis Infection Control, and Occupational Safety and Health Administration (O.S.H.A.) Respiratory Protection Standard;
- (i) To arrange for and be solely responsible for living accommodations while at SJ/C; and
- (j) To wear a name tag that clearly identifies me as a faculty member.

Further, I understand and agree, unless otherwise agreed to in writing, that I will not receive any monetary compensation from the Institution or SJ/C for any services I provide to SJ/C or its patients as part of my supervision of a clinical education/applied learning experience program.

I agree to indemnify and hold SJ/C, its officers, employees and agents, harmless from and against any and all claims, charges, losses, damages, deficiencies, fines, penalties, expenses and other liabilities, including reasonable attorneys' fees or other costs, suffered or incurred by SJ/C resulting from or arising out of or with respect to my participation in any clinical education/applied learning experience program at SJ/C including but not limited to any causes of action arising from any unauthorized use and disclosure of PHI.

Unless otherwise agreed upon in writing, I also understand and agree that I shall not be deemed to be employed by or an agent or a servant of SJ/C; that SJ/C assumes no responsibilities as to me as may be imposed upon an employer under any law, regulation or ordinance; that I am not entitled to any benefits available to employees; and, therefore, I agree not to in any way hold myself out as an employee of SJ/C.

I understand and agree that I may be immediately removed from SJ/C based upon my lack of competency, my failure to comply with the rules and policies of the Institution or SJ/C, if I pose a direct threat to the health or safety of others or, for any other reason the Institution or SJ/C reasonably believes that it is not in the best interest of the Institution, SJ/C or SJ/C patients for me to continue.

I understand and agree to show proof of professional liability insurance in amounts satisfactory to the Institution and SJ/C, and covering my activities at SJ/C, and to provide evidence of such insurance to SJ/C upon request.

I further understand that all medical or health care services (emergency or otherwise) that I receive at SJ/C will be my sole responsibility and expense.

I further understand and agree that, subject to SJ/C overall supervisory responsibility for patient care, it may permit appropriately licensed or certified faculty members who meet all other SJ/C requirements to provide such patient services at SJ/C as may be necessary for teaching purposes; that the nature and scope of activities of Institution faculty members that may involve in any way patient care at SJ/C shall be subject to the sole discretion of SJ/C and to such conditions as SJ/C may deem necessary in its sole discretion including, but not limited to, prior proof of professional liability coverage, appropriate licensure or certification, and compliance with all SJ/C rules, regulations, and policies.

I have read the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older; that I am legally competent; and that I have freely and voluntarily signed this document.

This 23<sup>rd</sup> day of April, 2026

Edner LaFortune  
Signature

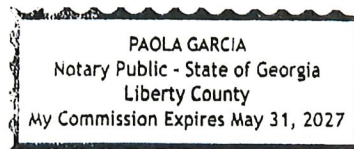
Alexandra Barnes  
Witness Signature

Name: EDNER LAFORTUNE  
(Please print)

Name: Alexandra Barnes  
(Please print)

STATE OF Georgia  
COUNTY OF Liberty

The foregoing instrument was acknowledged before me this 04/23/26 by Edner LaFortune who is personally known to me or who has produced GA DL 06A138577 000 01/03/27 as identification.



**AUTHORIZATION FOR RELEASE OF RECORDS AND INFORMATION ("Authorization")**

TO: Institution and St. Joseph's/Candler Health System, Inc. ("St. Joseph's/Candler") where I have requested to participate in a clinical education/applied learning experience program

RE: EDNER LAFORTUNE  
(Print name of student)

As a condition of my participation in a clinical education/applied learning experience program and with respect thereto, I grant my permission and authorize the Institution to release my educational records and information in its possession, as deemed appropriate and necessary by the Institution, including but not limited to academic record and health information to St. Joseph's/Candler. I further authorize the release of any information relative to my health to St. Joseph's/Candler for purposes of verifying the information provided by me and determining my ability to perform my assignments in the clinical education/applied learning experience program. I also grant my permission to and authorize St. Joseph's/Candler to release the above information to the Institution. The purpose of this release and disclosure is to allow St. Joseph's/Candler and the Institution to exchange information about my medical history and about my performance in a clinical education/applied learning experience program.

I further understand that I may revoke this authorization at any time by providing written notice to the above-stated person(s)/entities, except to the extent of any action(s) that has already been taken in accordance with this "Authorization".

I further agree that this authorization will be valid throughout my participation in the clinical education/applied learning experience. I further request that you do not disclose any information to any other person or entity without prior written authority from me to do so, unless disclosure is authorized or required by law. I understand that this authorization shall continue in force until revoked by me by providing written notice to the Institution and St. Joseph's/Candler, except to the extent of any action(s) that has already been taken in accordance with this "Authorization".

In order to protect my privacy rights and interests, other than those specifically released above, I may elect to not have a witness to my signature below. However, if there is no witness to my signature below, I hereby waive and forfeit any right I might have to contest this release on the basis that there is no witness to my signature below. Further, a copy or facsimile of this "Authorization" may be accepted in lieu of the original.

I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, or my parent or guardian has signed below; that I am legally competent to execute this "Authorization"; and that I, or my parent and/or guardian, have read carefully and understand the above "Authorization"; and that I have freely and voluntarily signed this "Authorization".

This 23<sup>rd</sup> day of April, 2020

Edner Fortune  
Signature

Name: EDNER LAFORTUNE  
(Please print)

Alexandra Barnes  
Witness Signature

Name: Alexandra Barnes  
(Please print)

STATE OF Georgia  
COUNTY OF Liberty

The foregoing instrument was acknowledged before me this 04/23/20 by Edner

Lafortune who is personally known to me or who has produced GA DL 06 2130577

exp 01/03/24 as identification.  
[Signature]

