

# Procedure for Students, Residents, and Interns Requesting Placements

## Document History

- Last reviewed: March 30, 2026
- Review by: March 29, 2029

## About Neighborhood Health

[Neighborhood Health](#) is a nonprofit federally qualified health center with 12 locations in Nashville, Lebanon, and Gallatin. We have proudly served the people of Middle Tennessee for almost 50 years without regard to their insurance status or ability to pay. Today, we provide medical, prenatal, dental, and behavioral health care to over 30,000 people of all ages, more than half of whom have no health insurance. Neighborhood Health may be the most interesting medical practice in the region: We have two clinics focused on public housing communities, two clinics focused on immigrants and refugees, two clinics focused on those experiencing homelessness, and two clinics in rural areas. Because of the trust we have earned with patients, Neighborhood Health has become the largest safety net provider of primary care in Middle Tennessee – and the largest both for African Americans and for Hispanic residents. Neighborhood Health holds accreditation from The Joint Commission and was one of the first multi-site group practices in Tennessee to achieve NCQA recognition as a Patient-Centered Medical Home.

## Explanation of Procedure for Placement Requests

Neighborhood Health supports students, residents, and interns who plan to serve the uninsured and underserved in their future careers in medicine, nursing, behavioral health, pharmacy, and dentistry. However, requests for placements now far exceeds the number we can offer.

The detailed procedure we describe below helps us address this concern while we seek to support the work of future providers for the uninsured and underserved. This process also helps to minimize our unreimbursed administrative costs for placements and ensure we comply with legal and accreditation requirements. Students, residents, and interns who do not fully comply with this procedure will be ineligible for placement at Neighborhood Health. We make **no** exceptions to the procedures below.

Submission of a Placement Application constitutes the consent of the student, resident, or intern to Neighborhood Health's sole and exclusive discretion to grant and withdraw placement opportunities. Applicants should not assume the submission of a Placement Application constitutes any approval. Until Neighborhood Health provides written final (not just preliminary) approval of the placement, applicants should continue to pursue other options.

Before submitting a Placement Application, potential applicants should confirm with their school that the school has a current and executed affiliation agreement with Neighborhood Health. Neighborhood Health must have an executed affiliation agreement with the institution of the student, resident, or intern in order to consider the applicant for a placement.

Note: We do **not** accept students of online programs except those from Frontier Nursing University who seek to work in rural areas.

Please also see the “Important Notice to Applicants” on the Placement Application.

### Placement Types and Institutional Affiliations

- **Counseling Students:** We may accept counseling students (seeking to become an LPC) from Belmont University, Vanderbilt University, or from in-state public universities. Eligible students must have a specific interest in working in integrated primary care settings rather than in traditional therapy or counseling. **We give priority to students who are proficient in Spanish, Arabic, and/or Kurdish.** We do not accept students matriculating in online programs unless they speak Spanish, Arabic, or Kurdish. If you attend Belmont, Vanderbilt, or an in-state public university, follow the procedure below to request a placement.
- **Social Work Students:** We may accept social work students (seeking to become an LMSW/LCSW) from in-state public universities. Eligible students must have a specific interest in working in integrated primary care settings rather than in traditional therapy or counseling. **We give priority to students who are proficient in Spanish, Arabic, and/or Kurdish.** We do not accept students matriculating in online programs unless they speak Spanish, Arabic, or Kurdish. If you attend an in-state public university, follow the procedure below to request a placement.
- **Pharmacy Students:** We may accept pharmacy students from Belmont University or from in-state public universities. Ask your institution to contact Neighborhood Health on your behalf.
- **Nurse Practitioner (NP) Students:** We may accept NP students from TSU, MTSU, UT, Frontier Nursing University, Union, and Belmont. **We give priority to students who are proficient in Spanish, Arabic, and/or Kurdish.** We do not accept students matriculating in online programs unless they speak Spanish, Arabic, or Kurdish or unless they are online students at Frontier who seek to work in rural settings. Follow the procedure below to request a placement.
- **Physician Assistant (PA) Students:** We may accept PA students from Meharry Medical College, Trevecca Nazarene University, or an in-state public university. **We give priority to students who are proficient in Spanish, Arabic, and/or Kurdish.** We do not accept students matriculating in online programs unless they speak Spanish, Arabic, or Kurdish. Ask your institution to contact Neighborhood Health on your behalf about a placement.
- **Medical Students:** We do accept medical students matriculating at Meharry Medical College. If you attend Meharry, ask your institution to contact Neighborhood Health on your behalf.
- **Medical Residents:** If you are interested in rotating at Neighborhood Health and are a resident at an institution other than Meharry Medical College or Vanderbilt's School of Medicine, contact Brian Haile with your request. If you attend Meharry or Vanderbilt, ask your institution to contact Neighborhood Health on your behalf.

- **Physicians Completing Fellowship:** Contact Brian Haile directly to explain your circumstances and propose a placement.

### Special Note for Certain Students and Residents from Meharry and Lipscomb

Because they have onsite faculty preceptors, the following students and residents may follow an expedited procedure as determined by Neighborhood Health:

- Medical students and medical residents of Meharry Medical College; and
- Counseling students (ultimately seeking an LPC) of the Lipscomb University Department of Psychology, Counseling and Family Sciences.

However, if the institution fails to consistently and reliably furnish all materials on or before all deadlines, Neighborhood Health will require the full 11-step procedure for all students, residents, and interns of that institution.

### Detailed Procedure

**Step 1:** The interested student, resident, or intern (hereinafter collectively referred to as “student”) emails Placement Application, application question responses, and resume to [administrative.assistant@neighborhoodhealthtn.org](mailto:administrative.assistant@neighborhoodhealthtn.org) and note in subject line: STUDENT PLACEMENT REQUEST. This must be submitted at least 3 months before placement is to begin.

*Note:* Students should **not** contact potential preceptors directly. Also, students should not submit more than one application in order to avoid delays in processing.

**Step 2:** The CEO will include the student’s request in the staff newsletter, asking providers whether they may be interested in hosting the particular student. Interested providers at Neighborhood Health would contact the CEO, and the CEO would grant preliminary approval as appropriate.

**Step 3:** The Administrative Assistant emails any “accepted” student a preliminary approval and a Neighborhood Health Placement Intake Packet, Required Attestations from Academic Institution form, and Policy Booklet for Placements.

**Step 4:** The student watches the following brief videos:

- Life Safety: <https://youtu.be/BNTq9WAGhzo>
- Infection Control: <https://youtu.be/DwpV1VWQANM>
- HIPAA: <https://youtu.be/ok7BTXhKr50>
- Title VI: [https://www.youtube.com/watch?v=MU\\_SfdA6E5w](https://www.youtube.com/watch?v=MU_SfdA6E5w)

These videos help to introduce students to the basics of life safety, infection control, and HIPAA. Students will receive site-specific orientations about life safety and infection control on the first day of their placements. Students will learn additional information about Neighborhood Health’s confidentiality and privacy policy in the Intake Packet and the Policy Booklet for Placements.

**Step 5:** After the student views the videos referenced above, the student's academic institution emails the completed Required Attestations from Academic Institution form directly to the [administrative.assistant@neighborhoodhealthtn.org](mailto:administrative.assistant@neighborhoodhealthtn.org). The institution shall carbon copy the student on this correspondence.

*Note:* The Administrative Assistant cannot accept faxed or hand-delivered copies; the letter must come from an email address associated with the academic institution.

**Step 6:** After Administrative Assistant receives the completed and signed Required Attestations from Academic Institution form directly from the academic institution, the student may make an appointment with Administrative Assistant to come to 2711 Foster Ave. The student shall bring completed onboarding packet along with photocopies of:

1. Checklist itemizing each of the documents below
2. Completed Emergency Contact Form
3. Copy of completed Placement Application (even if submitted electronically)
4. Copy of application question responses (even if submitted electronically)
5. Copy of resume (even if submitted electronically)
6. Proof of current health insurance
7. Health and immunization record including:
  - TB skin test within the last calendar year
  - COVID-19 series (completed)
  - Hepatitis B series (completed) or titer
  - Measles immunization or titer
  - Mumps immunization or titer
  - Rubella immunization or titer
  - Varicella immunization or titer
  - Meningococcal immunization or titer (if the student is less than 22 year of age)
  - TDAP immunization within the past 10 years or proof of booster
  - Flu shot within the previous 12 months
8. Copy of driver's license or other government-issued identification
9. Copy of ID badge from the academic institution
10. Completed IT Form
11. Signed and dated Statement of Agreement
12. Signed and dated Confidentiality Policy
13. Completed Pre-Orientation Quiz (for which the student can use the Policy Booklet as a reference)
14. Completed Required Attestations from Academic Institution form
15. Copy of current affiliation agreement with the institution (this requirement does not apply to medical students and medical residents of Meharry Medical College counseling students of Lipscomb University).
16. Proof of required malpractice coverage through your institution (this requirement does not apply to medical students and medical residents of Meharry Medical College and counseling students of Lipscomb University).

The student shall also show the Administrative Assistant that he or she has a printed copy of the Policy Booklet as a reference. This is a requirement to move to the next step.

*Note:* We encourage students to complete this step **as quickly as possible** after receiving preliminary approval.

Also, it is the student's responsibility to provide all hard copies of all documents at the same time: The Administrative Assistant shall **not** accept any incomplete packets under any circumstances. If the student is missing any document or needs to make copies, the Administrative Assistant shall return all information and refer the student to a local FedEx/Kinkos, Staples, or other copy center. Likewise, Neighborhood Health will not provide student with printed copies of the policy booklet; the student is expected to have printed and read the policy booklet and bring it with him or her.

**Step 7:** If the student provides **all** requested materials in the order above, the Administrative Assistant would lend the student the Answer Key to the Pre-Orientation Quiz. If the student scores above a minimum threshold on the Pre-Orientation Quiz, the Administrative Assistant would provide the student with a generic visitor badge, a lanyard with badge cover and emergency codes card, an Emergency Contact Form, and a site-specific Map Quiz for the student's health center site. Additionally:

- The Administrative Assistant would refer student to the health center for a start date no sooner than 7 days later. Neighborhood Health may require the student to start more than 7 days later as circumstances dictate.
- The Administrative Assistant would forward the student's IT form to the IT Department, scan a copy of all documents for the student, and place all documents (including Required Attestations from Academic Institution form) in a student-specific folder in the appropriate directory. The Administrative Assistant would then email the student's IT credentials to the Health Center Manager and supervising/precepting provider.

If the student fails to score the minimum requirement, the Administrative Assistant would advise the student their placement had been denied because the student could not satisfy the credentialing requirements.

*Note:* Neighborhood Health will accommodate a desired start date whenever possible. However, for reasons of safety and security, Neighborhood Health shall make no exceptions to the minimum 7-day turnaround or otherwise expedite processing of student's credentialing. Also, Neighborhood Health is not bound or otherwise obligated to allow a student to begin 7 days later; the actual timeframe may be longer if competing demands at the organization require additional time.

**Step 8:** The student reports to the health center wearing the required uniform (e.g., professional attire including institution-issued white coat) and the ID badge issued by the student's institution. The student provides completed copies of the Emergency Contact Form to both the Health Center Manager and the supervising/precepting provider.

*Note:* The student must sign in and out as a visitor at **each and every** visit to the approved Neighborhood Health location, noting the reason for the visit as "STUDENT" in the log book. The student must always comply with the dress code policy and wear the ID badge issued by the student's institution.

**Step 9:** The Health Center Manager completes onsite orientation and provides "Map Quiz" form to assess student's knowledge of the location of:

- All exits

- Evacuation route(s)
- Fire extinguisher(s)
- Fire alarm(s)
- AED equipment
- Emergency kit
- Eyewash station(s)
- Emergency Action Plan (EAP)
- SDS

If the student correctly places all items on the Map Quiz, the Health Center Manager would briefly re-review with student the procedures regarding infection control, security and lock down, and incident reporting. The Health Center Manager then signs Map Quiz and attestation of orientation. Only at that point does the Health Center Manager provide the student with the IT credentials.

**Step 10:** The student's supervising/precepting provider provides an orientation to the electronic health record.

**Step 11:** The student emails [administrative.assistant@neighborhoodhealthtn.org](mailto:administrative.assistant@neighborhoodhealthtn.org) a scanned version of the completed, signed Map Quiz within one business day or brings it to 2711 Foster Avenue within one business day of starting at his or her health center site. The Administrative Assistant saves an electronic copy of the signed, completed Map Quiz to the student's file.

*Note:* A student's failure to return this document promptly would result in immediate suspension of privileges for at least 5 business days.



## Checklist of Documents from Student, Resident, or Intern with Preliminary Approval for Placement

*The individual below seeks a placement at Neighborhood Health as part of their clinical training. The individual's academic institution must email the completed, signed Required Attestation from Academic Institution form to [administrative.assistant@neighborhoodhealthtn.org](mailto:administrative.assistant@neighborhoodhealthtn.org). Only at that point should the individual below email [administrative.assistant@neighborhoodhealthtn.org](mailto:administrative.assistant@neighborhoodhealthtn.org) for an appointment to (a) hand-deliver copies of **all** the documents itemized below and (b) complete the required training.*

Student or Resident Full Name (First, Middle, Last):		Student or Resident Telephone #:	
Gender Identity (optional): Female            Male Nonbinary	Date of Birth (mm/dd/yyyy):	Email:	

### This Checklist

- Completed Emergency Contact Form
- Copy of completed Placement Application (even if submitted electronically)
- Copy of application question responses (even if submitted electronically)
- Copy of resume (even if submitted electronically)
- Proof of current health insurance
- Health and immunization record including:
  - TB skin test within the last calendar year
  - COVID-19 series (completed)
  - Hepatitis B series (completed) or titer
  - Measles immunization or titer
  - Mumps immunization or titer
  - Rubella immunization or titer
  - Varicella immunization or titer
  - Meningococcal immunization or titer (if the student is less than 22 years of age)
  - TDAP immunization within the past 10 years or proof of booster
  - Flu shot within the previous 12 months
- Copy of driver's license or other government-issued identification
- Copy of ID badge from the academic institution
- Completed IT Form
- Signed and dated Statement of Agreement
- Signed and dated Confidentiality Policy
- Completed Pre-Orientation Quiz
- Completed Required Attestations from Academic Institution form

Copy of current affiliation agreement with the institution (this requirement does not apply to medical students and medical residents of Meharry Medical College and counseling students of Lipscomb University).

Proof of required malpractice coverage through your institution (this requirement does not apply to medical students and medical residents of Meharry Medical College and counseling students of Lipscomb University).

*Note:* It is the student's responsibility to provide all hard copies of all documents at the same time: the Administrative Assistant shall **not** accept any incomplete packets under any circumstances. If the student is missing any document or needs to make copies, the Administrative Assistant shall return all information and refer the student to a local FedEx/Kinkos, Staples, or other copy center. Likewise, Neighborhood Health will not provide student with printed copies of the policy booklet; the student is expected to have printed and read the policy booklet and bring it with him or her.



Neighborhood Health

Non-Employee Emergency Contact Form

Date of Update: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Home Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Female  Male

**Emergency Contact Information**

Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_



## Placement Application for Students, Residents, and Interns

Student or Resident Full Name (First, Middle, Last):		Student or Resident Telephone #:
Gender Identity (optional): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary or other	Date of Birth (mm/dd/yyyy):	Email:
Race/Ethnicity (optional): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Latinx/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other		Languages Spoken Proficiently: <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Kurdish

### Institutional Affiliation (no online programs permitted except for Frontier Nursing University)

- |  |  |
|--|--|
| <input type="checkbox"/> Meharry Medical College:<br><input type="checkbox"/> TSU Nurse Practitioner student:<br><input type="checkbox"/> Belmont Nurse Practitioner student:<br><input type="checkbox"/> _____ Nurse Practitioner student:<br><input type="checkbox"/> _____ Physician Assistant student:<br><input type="checkbox"/> Lipscomb counseling student<br><input type="checkbox"/> _____ counseling student:<br><input type="checkbox"/> Medical Assistant externship<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Medical Student <input type="checkbox"/> Medical Resident<br><input type="checkbox"/> Family <input type="checkbox"/> Adult <input type="checkbox"/> Women <input type="checkbox"/> Psych<br><input type="checkbox"/> Family <input type="checkbox"/> Adult <input type="checkbox"/> Women <input type="checkbox"/> Psych<br><input type="checkbox"/> Family <input type="checkbox"/> Adult <input type="checkbox"/> Women <input type="checkbox"/> Psych<br><input type="checkbox"/> Family <input type="checkbox"/> Adult <input type="checkbox"/> Women <input type="checkbox"/> Psych<br><input type="checkbox"/> Seeking LPC <input type="checkbox"/> Seeking LMSW |
|--|--|

### Semester

- Fall: \_\_\_\_\_  
  Spring: \_\_\_\_\_  
  Summer: \_\_\_\_\_  
  Other: \_\_\_\_\_

### Days and Times of Proposed Placement

- |                                     |                                  |                                    |
|-------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday:    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Tuesday:   | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Wednesday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Thursday:  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Friday:    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Saturday:  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |

*Total hours sought during placement:*

### Application Questions (Does not apply to Meharry medical students or Meharry medical residents)

1. After completing your studies do you intend to spend at least 5 years of your career working for a community health center or other outpatient provider that primarily serves the uninsured and underserved?  Yes    No   *If yes, briefly describe your plans.*
  
2. How would you ensure your placement would materially advance Neighborhood Health's mission in the near-term? Please be as specific as possible.
  
3. How would you support and advocate for the mission of Neighborhood Health on an ongoing basis after your rotation or internship? Again, please be as specific as possible.

*Please attach your responses and resume with this form.*

## Important Notices to Applicants

By submitting a Placement Application, you understand and agree Neighborhood Health has sole and exclusive discretion to grant and withdraw placement opportunities. You should not assume your application constitutes any approval for any placement. Until Neighborhood Health approves your placement in writing, you should continue to pursue other options.

Further, you understand if Neighborhood Health provides you preliminary or full approval for a placement:

- Neighborhood Health may terminate your placement at any time for any reason and without any advance notice to you or to your institution.
- You will be bound by all of Neighborhood Health's policies and procedures, including but not limited to those described in the "Policy Booklet for Students, Residents, and Interns with Onsite Placements" and Neighborhood Health's "Standards of Conduct." You hereby confirm you have received, read, and understand these documents. Further, you agree you will strictly adhere to these and all of Neighborhood Health's policies and procedures.
- Prior to the start date of your placement you must complete specific trainings on topics including but not limited to:
  - Life Safety: <https://youtu.be/BNTq9WAGhzo>
  - Infection Control: <https://youtu.be/DwpV1VWQANM>
  - HIPAA: <https://youtu.be/ok7BTXhKr50>
  - Title VI: [https://www.youtube.com/watch?v=MU\\_SfdA6E5w](https://www.youtube.com/watch?v=MU_SfdA6E5w)
- You are not and will not be an employee, agent, or contractor of Neighborhood Health as a result of a placement. You are not and will not be entitled to monetary compensation or employee benefits, including worker's compensation benefits, during your placement at Neighborhood Health.
- You neither have now nor will have during the placement any expectation of privacy while onsite at Neighborhood Health in your belongings, your vehicle, and your other personal property you bring onsite. Further, you freely consent to any searches that Neighborhood Health in its exclusive discretion may deem necessary.
- You shall indemnify and hold harmless Neighborhood Health and its directors, officers, employees, agents, successors, and permitted assigns from and against any and all liability, losses, damages, claims, causes of action, costs or expenses (including reasonable attorney's fees), which directly or indirectly arise out of performance here by Neighborhood Health and its directors, officers, employees, agents, successors, and permitted assigns.

Your submission of a Placement Application to Neighborhood Health acknowledges your understanding of and express agreement to these conditions.



# Technology Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_ Location: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

DEA Number (if applicable): \_\_\_\_\_ Distribution List(s): \_\_\_\_\_

### Software Applications Requested:

NextGen \_\_\_\_\_ MS Office \_\_\_\_\_ MS Word **Viewer** \_\_\_\_\_  
> EPM \_\_\_\_\_  
> EHR \_\_\_\_\_  
> ICS \_\_\_\_\_

### EHR Access Level:

Intern/Resident ML \_\_\_\_\_  
Intern/Resident MA \_\_\_\_\_  
HIPAA Completed \_\_\_\_\_

Other: \_\_\_\_\_

**Additional Notes:** \_\_\_\_\_

### Provider signature for NextGen:

**Providers: please sign within one of the boxes below being sure to include your credentials and print your name with credentials underneath. Ensure that you do not sign out of the box or cross over any of the lines, causing the scanned copy to be sloppy. Black gel ink is the most visible when scanned.**

<b>Provider Name:</b> <b>(Please Print)</b>	<b>Provider Name:</b> <b>(Please Print)</b>
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### **UNHS Network:**

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Email address: \_\_\_\_\_

-----  
**NextGen:**

Username: \_\_\_\_\_

Password: \_\_\_\_\_

**If you have any questions concerning the computer or voice mail system, please contact the IT department at 615-620-8647 ext. 1005.**



## Statement of Agreement of Student, Resident, or Intern Seeking Onsite Placement at Neighborhood Health

By initialing beside **each** blank and **also** signing and dating this two-page form, I freely and expressly agree that if Neighborhood Health approves and I accept a placement:

\_\_\_\_\_ Neighborhood Health may terminate my placement at any time for any reason and without any advance notice to me or to my institution.

\_\_\_\_\_ I am bound by all of Neighborhood Health's policies and procedures, including but not limited to those described in the "Policy Booklet for Students, Residents, and Interns with Onsite Placements" and Neighborhood Health's "Standards of Conduct." I confirm I have received, read, and understand these documents. Further, I will strictly adhere to these and all of Neighborhood Health's policies and procedures.

\_\_\_\_\_ I state under penalty of law I have watched the required training presentations on:

- Life Safety: <https://youtu.be/BNTq9WAGhzo>
- Infection Control: <https://youtu.be/DwpV1VWQANM>
- HIPAA: <https://youtu.be/ok7BTXhKr50>
- Title VI: [https://www.youtube.com/watch?v=MU\\_SfdA6E5w](https://www.youtube.com/watch?v=MU_SfdA6E5w)

\_\_\_\_\_ I know I must receive a separate, site-specific life safety and infection control orientation at each and every Neighborhood Health location at which I am placed or rotate. The orientation will include information about the physical location of each of the following:

- All exits
- Evacuation route(s)
- Fire extinguisher(s)
- Fire alarm(s)
- AED equipment
- Emergency kit
- Eyewash station(s)
- Emergency Action Plan (EAP)
- SDS

I state under penalty of law I will not begin my placement at any location until I have completed the site-specific orientation for that site.

\_\_\_\_\_ I am not and will not be an employee, agent, or contractor of Neighborhood Health as a result of this placement. I am not and will not be entitled to monetary compensation or employee benefits, including worker's compensation benefits, during my placement at Neighborhood Health.

\_\_\_\_\_ I neither have now nor will have during my placement any expectation of privacy while onsite at Neighborhood Health in my belongings, my vehicle, and my other personal

property I bring onsite. Further, I freely consent to any searches that Neighborhood Health in its exclusive discretion may deem necessary.

\_\_\_\_\_ I indemnify and hold harmless Neighborhood Health and its directors, officers, employees, agents, successors, and permitted assigns from and against any and all liability, losses, damages, claims, causes of action, costs or expenses (including reasonable attorney's fees), which directly or indirectly arise out of performance here by Neighborhood Health and its directors, officers, employees, agents, successors, and permitted assigns.

**X** \_\_\_\_\_  
Signature of Student, Resident, or Intern

\_\_\_\_\_  
Printed Name of Student, Resident, or Intern

\_\_\_\_\_  
Date



# **Policy Booklet**

*for*

# **Students, Residents, and Interns with Onsite Placements**

*Updated: March 30, 2026*

## Placements at Neighborhood Health

### About Neighborhood Health

[Neighborhood Health](#) is a nonprofit federally qualified health center with 12 locations in Nashville, Lebanon, and Gallatin. We have proudly served the people of Middle Tennessee for almost 50 years without regard to their insurance status or ability to pay. Today, we provide medical, prenatal, dental, and behavioral health care to over 30,000 people of all ages, more than half of whom have no health insurance. Neighborhood Health may be the most interesting medical practice in the region: We have two clinics focused on public housing communities, two clinics focused on immigrants and refugees, two clinics focused on those experiencing homelessness, and two clinics in rural areas. Because of the trust we have earned with patients, Neighborhood Health has become the largest safety net provider of primary care in Middle Tennessee – and the largest both for African Americans and for Hispanic residents. Neighborhood Health holds accreditation from The Joint Commission and was one of the first multi-site group practices in Tennessee to achieve NCQA recognition as a Patient-Centered Medical Home.

### Education of Future Providers

Neighborhood Health supports students, residents, and interns who plan to serve the uninsured and underserved in their future careers in medicine, nursing, behavioral health, pharmacy, and dentistry. However, the volume of requests for placements now far exceeds the number of opportunities we can offer. For those we can accommodate, we must ensure the placements never detract from our mission of providing a healthcare home to patients.

We carefully screen the institutions with which we affiliate and the students we accept. Submission of an application does not guarantee acceptance by Neighborhood Health. Further, the submission of an application constitutes the consent of the student, resident, or intern to Neighborhood Health's sole and exclusive discretion to grant and withdraw placement opportunities. Please see "Procedure for Students, Residents, and Interns Seeking Placements at Neighborhood Health" for more information.

### Pre-Orientation Videos

Before beginning any placements, all students, residents, and interns must watch the following brief videos:

- Life Safety: <https://youtu.be/BNTq9WAGhzo>
- Infection Control: <https://youtu.be/DwpV1VWQANM>
- HIPAA: <https://youtu.be/ok7BTXhKr50>
- Title VI: [https://www.youtube.com/watch?v=MU\\_SfdA6E5w](https://www.youtube.com/watch?v=MU_SfdA6E5w)

These videos help to introduce them to the basics of life safety, infection control, and federal privacy and civil rights law. Students, residents, and interns will receive site-specific orientations about life safety on the first day of their placements.

## Next Steps

This Policy Booklet seeks to orient those students, residents, and interns to key aspects of our organization and their placement experience. This complements the Confidentiality Policy and Statement of Agreement such individuals must sign before beginning any placement at Neighborhood Health. After reading this Policy Booklet, students, residents, and interns should complete the pre-orientation quiz included here as Attachment C.

## Starting with Safety

### Signing In

You must sign in and out at the front desk as a visitor at **each and every** visit to your approved location, noting the reason for your visit as “STUDENT” in the logbook.

### Safety Orientation

Before you begin at your site, you must be able to identify for the Health Center Manager (or other designated employee) the physical location of each of the following:

- All exits
- Evacuation route(s)
- Fire extinguisher(s)
- Fire alarm(s)
- AED equipment
- Emergency kit
- Eyewash station(s)
- Emergency Action Plan (EAP)
- SDS

The Health Center Manager (or other designated employee) will give you a “Map Quiz” on the day you arrive at your site. Once you take (and presumably pass) the quiz, you must email [administrative.assistant@neighborhoodhealthtn.org](mailto:administrative.assistant@neighborhoodhealthtn.org) a scanned version of the completed, signed Map Quiz on the same day. Alternatively, you can bring it to 2711 Foster Avenue within one business day of starting at your site.

*Note:* You must complete separate, site-specific life safety and infection control orientation at **each and every** Neighborhood Health location at which you are placed. You may not begin placement at any location until you have completed the site-specific orientation.

*Policy Reference(s):* Emergency Preparedness Plan

### Hazardous Exposure

Notify your precepting provider and/or the Health Center Manager **immediately** if you are exposed to any biohazards or other hazardous substances while onsite at Neighborhood Health.

Neighborhood Health relies on phlebotomists and Medical Assistants to perform venipunctures and administer vaccinations. We do so because of their experience (which helps to minimize patient discomfort) and their understanding of our procedures (e.g., labeling labs correctly, etc.). For these reasons and their own safety, students, residents, and interns should not be involved with venipunctures or administering vaccinations.

*Policy Reference(s):* Exposure Management Control  
Documentation Exposure to Blood, Other Substances  
Policy for Handling Sharps

## Summary of Major Prohibitions

Unless a Neighborhood Health employee or contract provider announces an emergency:

- Do not discuss a patient or his or her case in a hallway or any non-private space;
- Do not open a refrigerator containing any medications or vaccines;
- Do not enter the lab area without supervision of an employee or contract provider;
- Do not access the medication closet or emergency kit; and
- Do not enter the dispensary area at the Downtown Clinic.

Even during an emergency:

- Do not touch any thermometers or data loggers on refrigerators or freezers;
- Do not touch the autoclave machine; and
- Do not touch any hard copy logbooks, inventory logs or records, or lab records.

Finally:

- **Never** come onsite if you have fever or may be contagious;
- **Never** be out of uniform;
- **Never** be directly involved with the treatment of a relative, friend, or intimate partner;
- **Never** have personal visitors onsite;
- **Never** access any Neighborhood Health patient information on any non-Neighborhood Health equipment or device;
- **Never** offer to transport a patient in your vehicle; and
- **Never** use your personal cell phone or device for any reason related to patient care during your placement at Neighborhood Health.

## Infection Control

### Hand Hygiene

Consistent with infection control and hand hygiene requirements, you must “foam in/foam out” consistently before and after seeing each patient. This includes foaming in/foaming out before and after gloving. This is an infection control imperative: Neighborhood Health will immediately dismiss any student, resident, or intern who has any patient contact without first foaming in (or having previously failed to foam out after the last patient encounter).

*Policy Reference(s):* Hand Hygiene Policy

## Disinfectant Times

We use three products for surface disinfectants, and each has different contact times to kill different organisms. We introduce this to you in order to make you aware of the key differences and the need to check instructions and SDS (see below) so we use these correctly and safely.

**Super Sani-Cloth**  
2 Minutes



**Sani-Cloth with bleach**  
4 minutes



**Cavicide-1 and Cavi-wipes**  
1 minute



## SDS

The Safety Data Sheets (SDS) provide information about preventive and first aid measures for each product we may use in a health center.

You will have online access to [www.MSDS.com](http://www.MSDS.com) for the duration of your placement at Neighborhood Health. By logging in and using the password, you acknowledge your understanding that (a) you can use this online resource only for the duration of your placement; and (b) you must stop using this proprietary site after completing your placement.

*Policy Reference(s):* Safety Data Sheets  
Hazardous Materials Management Plan

## Patient Safety

### Necessary Supervision

Discuss with your preceptor if and when you may be alone and unsupervised with patients (e.g., to take a history, etc.). Your preceptor will grant you this permission if and when they deem you to be ready and the situation to be appropriate.

You may **never** be alone in a room with a patient while conducting any invasive exam or procedure. These would include manual breast exams, pelvic exams, and Pap smears. You must always be in the supervising presence of a Neighborhood Health provider or contract provider if you are having such patient contact. This policy protects both you and our patients.

*Note:* Residents may request advance written authorization from Neighborhood Health's Chief Clinical Officer to perform unsupervised manual breast exams, pelvic exams, and Pap smears. Neighborhood Health will consider such requests on a case-by-case basis and assess the request in light of the residents' individual level of experience. Until Neighborhood Health provides such written advanced authorization, all residents shall adhere to the general prohibition described above.

As noted above, Neighborhood Health relies on phlebotomists and Medical Assistants to perform venipunctures and administer vaccinations. We do so because of their experience (which helps to minimize patient discomfort) and their understanding of our procedures (e.g., labeling labs correctly, etc.). For these reasons and their own safety, students, residents, and interns should not be involved with venipunctures or administering vaccinations.

*Policy Reference(s):* Patient Access  
Provider Credentialing and Privileging

## **Two Patient Identifiers**

Always confirm patient identification in the presence of the client/patient by requesting from the patient his or her name and date of birth (or otherwise use two patient identifiers).

*Policy Reference(s):* Medication Management Plan  
Lab Policy Manual  
Oral Quick HIV Testing  
General HIPAA Compliance Policy  
Confidentiality Policy

## **Patient Introduction and Consent**

Establishing trust and being fully transparent about your role are keys to your success with patients. To these ends:

- Introduce yourself to each patient and clearly state you are a student, resident, or intern to each patient at the beginning of any encounter;
- Confirm the patient's identity using two patient identifiers; and
- Ask the patient's permission to take their history (or perform the function you intend).

If the patient consents:

- Thank the patient;
- Tell the patient it is your job to make sure he or she gets good care; and
- Explain to the patient that you are good but still learning, and your preceptor will also see the patient – or carefully review your work.

If a patient does not consent, do not try to persuade the patient to reconsider. Thank the patient and ensure a provider sees the patient promptly.

*Policy Reference(s):* Patient Access  
Provider Credentialing and Privileging

## Interpretation Services

Conduct all conversations with the patient in English (using the real-time interpretation service when necessary) unless you otherwise receive advance written approval by the CEO or CCO of Neighborhood Health to conduct conversations in other languages. Neighborhood Health must independently assess your language proficiency before allowing you to use such language skills in a patient care environment.

### If You Are Unsure

Do **not** perform any task if you feel ill-equipped, ill-prepared, undertrained, or otherwise lacking full competence. Also, you may not under any conditions practice outside of your legally-permissible scope of practice. Additionally, you may not perform services and procedures beyond those approved both by your institution and by Neighborhood Health. Ask your precepting provider if you have any hesitancy or questions.

*Policy Reference(s):* Patient Access  
Provider Credentialing and Privileging

### If You Are Sick

Do **not** report to any Neighborhood Health location if you have a fever or may be contagious. Rather, notify your precepting provider.

*Policy Reference(s):* Attendance and Punctuality

## Tobacco-Free, Drug-Free, and Weapons-Free Policy

Neighborhood Health is both tobacco-free and drug-free. To the maximum extent permitted under state and local law, Neighborhood Health does not permit weapons of any kind onsite. You must abide by these and all Neighborhood Health policies.

*Policy Reference(s):* Smoke-Free Workplace  
Fire Safety  
Drug-Free Workplace  
Violence in the Workplace  
Workplace Violence Prevention

## Patient Privacy and Confidentiality

### Federal and State Privacy Rules

You must complete HIPAA training and review and sign our Confidentiality Policy before beginning your placement. Violation of the policy may result in immediate termination of your placement.

Ask yourself the following questions each time you discuss a patient with someone else, and you have not received permission from that patient to do so:

1. Is the person you are talking to in a NEED TO KNOW position?
2. Is the information you are discussing necessary for the treatment of the patient?

3. Is there anyone else within hearing distance who is not in a NEED TO KNOW position?

For example, are you discussing a patient at the receptionists' desk while other patients are in the waiting room? Are you discussing a patient in an exam room or while a different patient is awaiting or receiving treatment? If the answer is yes, you are violating confidentiality.

4. Is the discussion taking place outside the health center? If the answer is yes, you are divulging information learned as a result of your employment. Please be aware that unless you are speaking with someone in an absolute NEED TO KNOW position the offense is particularly egregious.

To reiterate ask yourself:

- Do I have the patient's permission to discuss this?
- If not, am I talking to someone with A NEED TO KNOW?
- Is there anyone else within hearing distance?
- If outside the health center am I discussing patient information learned while at work?

Do not access the electronic health record of a patient of whom you are not involved in the treatment. Accessing such patient records is a violation of Neighborhood Health's privacy policy. Neighborhood Health monitors questionable impermissible access through ongoing electronic audits.

If you have any questions, ask your precepting supervisor or contact the HIPAA Privacy Officer. Also, if you witness or become aware of any violations of this policy, contact our HIPAA Privacy Officer.

*Policy Reference(s):* HIPAA Training Policy  
General HIPAA Compliance Policy  
Confidentiality Policy  
Standards of Conduct

### **Prohibited Email and Texting**

Because you will not have a Neighborhood Health email account or a Neighborhood Health cell phone during your placement, you may not email or text any Neighborhood Health patient information or information related to their care for any reason. Even if you encrypt the information but use a non-Neighborhood Health email address or cell phone, you would be violating our policy and potentially be in violation of federal and state privacy rules.

*Policy Reference(s):* See above

### **Prohibited Uses of Personal Cell Phones or Other Devices**

Help us safeguard patient privacy. Specifically:

- Never use your personal cell phone or any non-Neighborhood Health equipment or device for any reason related to patient care during your placement at Neighborhood Health. To the extent you need to access clinical information or other resources from academic or other websites, you may do so using Neighborhood Health equipment or devices.
- Never take photographs of any kind with non-Neighborhood Health equipment or devices while onsite at Neighborhood Health. If you need to photograph a rash or otherwise capture an image related to a patient, use Neighborhood Health equipment or devices for this purpose. If you would like to take a picture of your Neighborhood Health colleagues using a personal cell phone or camera, do so only offsite where there is no risk of capturing a patient's image.
- Never attempt to access any Neighborhood Health patient information on any non-Neighborhood Health equipment or device for any reason. For example, you may not access our electronic health record using non-Neighborhood Health equipment or devices.

To the extent you need to use a personal device (e.g., to make or receive a personal call or send a personal email or text), do so only in designated break areas away from any patient care area or offsite.

*Policy Reference(s):* Personal Cell Phones & Patient-Related Concerns [Memo]  
Electronic Communication and Internet Use  
Information Technology Policies and Procedures

### **Restrictions on Publication**

You shall not publish any materials relating to your placement experience without the prior written approval from the CEO of Neighborhood Health. Email all publication-related requests to [bhaile@neighborhoodhealthtn.org](mailto:bhaile@neighborhoodhealthtn.org).

*Policy Reference(s):* See above

### **If You Know a Patient**

Never be directly involved with the treatment of a relative, friend, or intimate partner. Contact your Health Center Manager or precepting provider if you have any questions or unexpected situations arise during your placement.

The fact an individual sought or may seek care at Neighborhood Health is confidential information. Thus, you should never approach a patient outside of Neighborhood Health or otherwise indicate you may know the person because of your association with Neighborhood Health.

If you have a familial relationship with a Neighborhood Health patient, employee, or contract provider, contact the Chief Human Resources Officer before your placement begins to get guidance as to how you should proceed.

*Policy Reference(s):* See above

## Referrals of Friends and Family

While you should never be directly involved with their care, you may refer friends and family for care at Neighborhood Health. Encourage them to call 615-227-3000 to make an appointment (preferably at a location other than your placement site). We see both insured and uninsured patients regardless of their ability to pay cost-sharing or office fees.

*Policy Reference(s):* See above

## Law Enforcement

If you are approached by law enforcement, including but not limited to U.S. immigration authorities, immediately contact Brian Haile, CEO, at 615-944-4404. Do not provide **any** information to these authorities; rather, Neighborhood Health will respond as appropriate.

*Policy Reference(s):* See above

## Subpoena

If you receive a subpoena for information about a patient, immediately contact Brian Haile, CEO, at 615-944-4404. Do not provide **any** information in response to the subpoena; rather, Neighborhood Health will respond as appropriate.

*Policy Reference(s):* Managing Malpractice Claims, Subpoenas, and Related Matters

## Use of Technology

### Uses Confined to Official Purposes

Use Neighborhood Health equipment or devices **only** for patient care purposes and reasons strictly related to your placement. You may not under any circumstances remove Neighborhood Health equipment or devices from your location unless you receive the advance written authorization of the CEO or CIO.

*Policy Reference(s):* Personal Cell Phones & Patient-Related Concerns [Memo]  
Electronic Communication and Internet Use  
Information Technology Policies and Procedures

### Prohibited Devices and Connectivity

Help us maintain the integrity of our technology and IT systems. Never use any “thumb” or “flash” drives with any Neighborhood Health equipment or devices. Also, do not insert, connect, or otherwise link Neighborhood Health equipment or devices to any non-Neighborhood Health devices or equipment.

*Policy Reference(s):* See above

### Prohibited Access to Personal Email, Academic Email, Etc.

Do not access personal email accounts, academic email accounts, or other non-Neighborhood Health email accounts using Neighborhood Health-provided equipment or

devices. Accessing such email addresses may introduce the risk you inadvertently (and impermissibly) use these to communicate with preceptors or others about patient care concerns via email, thereby putting you in violation of our policy. Additionally, it may expose the Neighborhood Health-provided equipment to virus, malware, or other security risks.

To the extent you need to use a personal device (e.g., to make or receive a personal call or send a personal email or text), do so only in designated break areas away from any patient care area or offsite.

*Policy Reference(s):* See above

## **Prohibited Access to Social Media**

Do not access social media apps or social media internet domains (using **any** equipment or device) while onsite at Neighborhood Health. These apps and websites are unrelated to patient care and the purpose of your placement, and they may expose Neighborhood Health-provided equipment to virus, malware, or other security risks. Also, you may not make any postings on social media referencing Neighborhood Health or our patients in any way unless you receive the advance written authorization of the CEO or CIO.

*Policy Reference(s):* See above

## **Security**

### **Security Guards**

Many Neighborhood Health locations have one or more armed security guards that patrol the health center and grounds. Introduce yourself to the guard and front desk staff at your location. As noted above, you must sign in and out as a visitor at **each and every** visit to the approved Neighborhood Health location, noting the reason for the visit as "STUDENT" in the logbook.

Always obey the emergency instructions of the guard, health center employees, and contract providers. Your Health Center Manager (or other designated employee) will orient you to the specific emergency procedures for your site.

*Policy Reference(s):* Safety Management Plan  
Security Management Plan  
Management of Disruptive Patients or Visitors  
Workplace Violence Prevention

### **Leaving after Dark**

Never go to your car after dark without an escort. A guard, health center employee, or contract provider will always provide you with an escort.

*Policy Reference(s):* See above.

## Lockdowns

In the event of a suspected emergency, a guard may “lock down” the health center until further notice. In this situation, remain in the treatment area. Do not go to the front of the building, and do not exit unless instructed to do so.

If you suspect an emergency, immediately notify the guard, health center employee, or contract provider. You may also call 911 from any telephone (there is no need to dial a special number to get an outside line). If you call 911, give them your full name, your address, and as much detail about the suspected emergency as possible. If you call 911, you will subsequently need to complete an incident report.

*Policy Reference(s):* See above.

## Maintaining Your Privacy and Safety

As a security precaution, never provide your telephone number, email address, or other contact information to a patient. Also, never allow a patient to use your personal cell phone or other device for any reason.

*Policy Reference(s):* See above.

## Incident Reporting

You must immediately complete a “General Incident Report Form” if you see or experience any of the following:

- Needle sticks
- Falls/sprains
- Cuts/abrasions
- Medication errors
- Accidents on Neighborhood Health property
- Near misses for injuries
- Back injuries
- 911 calls
- Hazardous exposures
- Safety violations or safety hazards
- Threatening behavior

Your Health Center Manager or other health center employee can provide you with this form (or submitting the report through our Patch Adams system).

*Policy Reference(s):* Incident Reporting  
Reporting Safety Hazards

## Professionalism

You are an aspiring professional, and we assumed you would abide by basic professional norms when we gave preliminary approval to your placement. We will not police your conduct; rather, we will simply terminate your placement if we find our assumption was misplaced.

## Time and Attendance

We expect you to arrive prior to your appointed hours and remain for the full time of your onsite schedule. Please also see the “If You Are Sick” section above.

*Policy Reference(s):* Attendance and Punctuality

## Uniform

Neighborhood Health has a dress code policy that requires employees to maintain a neat and clean appearance that is appropriate for a health care setting and for the work being performed. We specifically require clinicians and others who serve in our health centers to wear attire or uniforms that are visibly distinguishable from patients.

Neighborhood Health’s policy applies to students, residents, and interns who have the opportunity to work onsite at Neighborhood Health. You must wear your institution-issued ID badges and their institution-issued white coats (or the appropriate equivalent for nursing, pharmacy, and behavioral health students, etc.) at all times. Also, keep your list of emergency codes (which we suggest you place with your ID badge) with you at all times.

You may not be or remain onsite if you are not in this attire.

*Policy Reference(s):* Uniforms, Attire, and Grooming

## Inclusion and Nondiscrimination

Neighborhood Health tolerates no discriminatory treatment. We specifically tell our patients:

### **You Are Welcome Here!**

Neighborhood Health welcomes everyone at all our health center locations. Here at Neighborhood Health, “everyone” really means **EVERYONE**. We welcome people of any:

- Ability to pay
- Age
- Gender or gender identity/expression
- Health condition or disability
- Housing or homelessness status
- Immigration or citizenship status
- Insurance status
- Jail or prison history
- Language spoken
- Marital or family status
- National origin or ancestry
- Political affiliation
- Race, color, or ethnicity
- Religion, creed, or spirituality
- Sexuality or sexual orientation
- Veteran status or military service or discharge status

Anyone and everyone are welcome at any of our sites. No one will ever be turned away because of inability to pay or any other reason above.

Further, Neighborhood Health seeks to be a welcoming and deeply affirming environment for lesbian, gay, bisexual, transgender, queer, or intersex (LGBTQI) individuals. Students, residents, and interns must (a) provide services and fully participate in the treatment of all Neighborhood Health patients regardless of the patients' LGBTQI status; and (b) do so in a manner that fully conforms to our welcoming and affirming stance, clinical protocols, and therapeutic approach.

Our Inclusion & Nondiscrimination Statement is included here as Appendix A. You must comply with this statement and our policy in its entirety. If you witness or become aware of any violations of this policy, contact the Chief Human Resources Officer.

*Policy Reference(s):* Title VI/Nondiscrimination  
Anti-Harassment  
Sexual Harassment Abuse Policy  
Workplace Bullying  
Equal Employment Opportunity

## **Standards of Conduct**

Neighborhood Health is in a position of trust with respect to many external organizations and agencies, as well as its patients and the community at large. Accordingly, Neighborhood Health, its Board Members, officers, employees, contractors, agents, students, residents, and interns have a responsibility to the Government, other sources of funds, its patients and its community to use such funds prudently, ethically, and for the purposes for which they are designated. Ethical conduct must be at the very foundation of all of our work at Neighborhood Health. To this end, all Board Members, officers, employees, contractors, agents, students, residents, and interns must abide by Neighborhood Health's Standards of Conduct. The Standards of Conduct are included here as Appendix B.

*Policy Reference(s):* Standards of Conduct

## **Social Relationships/Fraternization**

Never have personal visitors onsite. Also, keep personal calls to a minimum. Again, to the extent you need to use a personal device (e.g., to make or receive a personal call or send a personal email or text), do so only in designated break areas away from any patient care area or offsite.

Do not date, attempt to date, or have sexual contact with any Neighborhood Health patient if you have any involvement with that individual's care and treatment. Also, do not date, attempt to date, or have sexual contact with any Neighborhood Health employee or contract provider during your placement at Neighborhood Health.

If you have a pre-existing intimate relationship with a Neighborhood Health patient, employee, or contract provider, contact the Chief Human Resources Officer before your placement begins to get guidance as to how you should proceed.

*Policy Reference(s):* Visitors in Workplace

## Parking

You may park at a Neighborhood Health location only to the extent that it does not displace or otherwise decrease access to patients who need to park. Do **not** park in the Downtown Clinic parking lot or the Napier Clinic parking lot, which we reserve exclusively for Neighborhood Health patients, employees, and contract providers.

## Public Benefits Eligibility

Given the population Neighborhood Health serves, it is critical all students, residents, and interns have a basic knowledge about public benefit programs in Tennessee. (As noted above, Neighborhood Health serves all patients, regardless of their insurance status or ability to pay.) This helps us ensure patients can fill prescriptions that providers may write and otherwise get the care they need outside of Neighborhood Health. All students, residents, and interns shall carefully review our [“Overview of Health Coverage Programs and Other Public Benefits”](#) and work with Patient Navigators on our team as appropriate.

*Policy Reference(s):* Overview of Health Coverage Programs and Other Public Benefits

## Conditions of Placement

Even if Neighborhood Health approves your placement and even after your placement begins:

- Neighborhood Health may terminate your placement at any time for any reason and without any advance notice to you or to your institution.
- You are not and will not be an employee, agent, or contractor of Neighborhood Health. You are not and will not be entitled to monetary compensation or employee benefits, including worker’s compensation benefits, during your placement at Neighborhood Health.
- You shall not have during your placement any expectation of privacy while onsite at Neighborhood Health. Neighborhood Health reserves the right to search your belongings, your vehicle, and any other personal property you bring onto Neighborhood Health premises. For example, the CEO of Neighborhood Health may authorize such a search as a security precaution or in the event of a specific incident. You freely consent to any searches that Neighborhood Health in its exclusive discretion may deem necessary.
- You shall indemnify and hold harmless Neighborhood Health and its directors, officers, employees, agents, successors, and permitted assigns from and against any and all liability, losses, damages, claims, causes of action, costs or expenses (including reasonable attorney’s fees), which directly or indirectly arise out of performance here by Neighborhood Health and its directors, officers, employees, agents, successors, and permitted assigns.

Your acceptance of a placement at Neighborhood Health acknowledges your understanding of and express agreement to these conditions.



**Attachment A:  
Inclusion & Nondiscrimination  
Statement**



## You Are Welcome Here!

Neighborhood Health welcomes everyone at all our health center locations. Here at Neighborhood Health, “everyone” really means **EVERYONE**. We welcome people of any:

- Ability to pay
- Age
- Gender or gender identity/expression
- Health condition or disability
- Housing or homelessness status
- Immigration or citizenship status
- Insurance status
- Jail or prison history
- Language spoken
- Marital or family status
- National origin or ancestry
- Political affiliation
- Race, color, or ethnicity
- Religion, creed, or spirituality
- Sexuality or sexual orientation
- Veteran status or military service or discharge status

Anyone and everyone are welcome at any of our sites. No one will ever be turned away because of inability to pay or any other reason above.

## Please Talk to Us

We want you to be happy you chose to get care at Neighborhood Health. Let us know how we can make you even more comfortable – and glad you chose us. Call us at **(615) 227-3000** or email our CEO, Brian Haile, at [bhaile@neighborhoodhealthtn.org](mailto:bhaile@neighborhoodhealthtn.org).



## **Attachment B: Standards of Conduct**

## **Neighborhood Health Standards of Conduct**

### **I. Statement of Purpose.**

Neighborhood Health is committed to fostering an inclusive, respectful, and ethical environment in all aspects of conduct and decision-making.

Neighborhood Health is in a position of trust with respect to many external organizations and agencies, as well as its patients and the community at large. Accordingly, Neighborhood Health, its Board Members, officers, employees, contractors, and agents have a responsibility to the Government, other sources of funds, its patients, and its community, to use such funds prudently, ethically, and for the purposes for which they are designated. Ethical conduct must be at the very foundation of Neighborhood Health.

The primary purposes of these Standards of Conduct are to provide safeguards to prevent employees, contractors, agents, officers, and members of the Board of Directors of Neighborhood Health from:

1. Using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial or other gain for themselves or others such as those with whom they have family, business, or other ties; and,
2. Violating their duty to Neighborhood Health by inappropriately disclosing confidential information about Neighborhood Health.

For these purposes, “agents” and “contractors” include only those individuals acting on behalf of Neighborhood Health. Vendors who perform routine functions and do not represent themselves as representatives or agents of Neighborhood Health are not considered “agents” or “contractors” for the purposes of this policy. Licensed attorneys, registered lobbyists, and licensed accountants are deemed to be in compliance with this policy given their ethical and professional obligations to disclose conflicts to Neighborhood Health.

### **II. General Responsibilities of Neighborhood Health.**

Neighborhood Health recognizes that it must earn and maintain a reputation for integrity that includes, but is not limited to, compliance with applicable Federal, State, and local laws and regulations, as well as its contractual obligations. Even the appearance of misconduct or impropriety can be very damaging to Neighborhood Health. Neighborhood Health must strive at all times to maintain the highest standards of ethics, quality and integrity and prohibit both potential and actual conflicts of interest.

#### **A. Individual Responsibility.**

Ethics and integrity are the responsibility of each individual. Therefore, every employee, contractor, agent, officer, and member of the Board of Directors of Neighborhood Health is responsible for ethical conduct consistent with these Standards of Conduct and with Neighborhood Health’s policies.

Neighborhood Health’s Board and employees in supervisory positions must assume responsibility for ensuring that their conduct and the conduct of those they supervise (including contractors) comply with these Standards of Conduct.

## **B. Business Activities.**

Business activities undertaken on behalf of Neighborhood Health with the public, the Government, and suppliers must reflect the highest standards of honesty, integrity, and fairness. These business activities must be conducted so that they avoid even the appearance of misconduct or impropriety.

## **III. Private Financial or Other Interests: Prohibition on Conflicts of Interest**

### **A. General Principles Prohibiting Conflicts**

No employee, contractor, agent, officer, or member of the Board of Directors of Neighborhood Health will participate in the selection, award, or administration of a contract or grant if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, contractor, agent, officer, Board member, or relative of any of these individuals has a financial or other interest in the firm selected for the contract or award.

A “financial or other interest” includes not only personal and pecuniary (monetary) advantage, but also situations in which there is a duality or diversity of interests between Neighborhood Health and another organization with which the employee, contractor, agent, officer, or Board Member, or relative of any of these individuals, also is associated. This also includes situations in which any of these individuals are negotiating with or has any arrangement considering prospective employment with another organization, which may give rise to a conflict. In these situations, it is typically not enough for an individual to be aware of the conflict and to attempt to act in Neighborhood Health’s best interest despite the conflict. Neighborhood Health requires full disclosure of conflicts of interest consistent with this Policy, as further explained below.

“Relative” includes any child, spouse, partner, sibling, brother-in-law, parent, father-in-law, mother-in-law, aunt, uncle, grandparent, or other person in a relationship equivalent to these.

NOTE: For serious, visible, continuing, or pervasive conflicts, an individual may be required to withdraw from his or her position with Neighborhood Health or from the outside position that causes the conflict.

### **B. Conflicts of Interest and Disclosure Requirements**

No employee, contractor, agent, officer, or Board Member will have a direct or indirect financial interest in, or receive any compensation or other benefits as a result of, transactions between Neighborhood Health and any individual or business firm:

1. From which Neighborhood Health purchases supplies, services, materials, or property;
2. Which renders any services to Neighborhood Health, including the leasing of office space;
3. To which Neighborhood Health provides any services or materials; or
4. Which has other contractual relationship or business dealing with Neighborhood Health.

except, with the prior written approval of the CEO, upon complete disclosure of the facts and after completion of an arms-length procurement that is consistent with Neighborhood Health's Procurement Policy, 45 CFR Part 75 Subpart E, and 2 CFR Part 200 (Subparts A – F). All decisions in this regard shall be made in the best interests of Neighborhood Health. Disclosures by members of the Board of Directors must also be made to the President. In the event the CEO has a conflict, the CEO will disclose such conflict to the Chair of the Board who will, in turn, be responsible for advising the Board.

As stated in Section III.A., above, no employee, contractor, agent, officer, or member of the Board of Directors may participate in the selection, award, or administration of a contract or grant if:

1. He or she, or
2. His or her relative, or
3. An organization with whom he or she is negotiating or has any arrangement concerning prospective employment,

has a financial or other interest in the firm selected for the contract or award. If an employee, contractor, agent, officer, or member of the Board of Directors believes that one of the aforementioned conflicts actually or potentially exists, he or she must immediately disclose this information in writing to the CEO. Disclosures by members of the Board of Directors must also be made to the Chair of the Board of Directors (and if it is the CEO or the Chair who has such a financial interest, he or she must make disclosure to the Chair or Vice Chair, respectively).

Neighborhood Health requires that all employees, contractors, agents, officers and members of the Board of Directors and candidates for Board membership disclose in writing at the beginning of their association with Neighborhood Health:

1. All business and family relationships (e.g., spouses, children, parents, or siblings through blood, adoption, or marriage) that create an actual or potential conflict of interest; and
2. Where applicable, provide a statement suggesting how such conflict could be avoided or mitigated.

In order to facilitate such full disclosure, Neighborhood Health requires employees, contractors, agents, officers, and Board Members to complete a Disclosure Form (Exhibit A) at the beginning of their association with Neighborhood Health. Completion of a Disclosure Form does not relieve individuals of the obligation to comply with these Standards of Conduct with regard to conflicts that occur after the filing of the Disclosure Form.

In addition, members of the Board of Directors, members of the Executive Leadership Team, and any employee, contractor, or agent involved with procurement must complete a new Disclosure Form at least every three years.<sup>1</sup>

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<sup>1</sup> As an operating procedure, staff may collect signed disclosures each year to ensure compliance. However, the organizational policy does not require the collection at that frequency.

The specific threshold amount is to be determined by Neighborhood Health; neither the procurement standards nor the anti-kickback rules specify a permissible amount.

In addition, employees, contractors, and agents must disclose to the CEO (and the CEO must disclose to the Chair of the Board), in writing, the specifics of any plans to accept supplemental outside employment so that Neighborhood Health may determine whether such outside employment or consultancy has the potential for conflicting with the interests of Neighborhood Health. Neighborhood Health's prior approval of such outside employment or consultancy is required.

No member of the Board of Directors may vote on any matter which may directly or indirectly result in financial or other gain to that member, or which may conflict with that member's obligations to another organization's Board of Directors or to his or her employer, provided that the member of the Board of Directors has first disclosed a conflict or potential conflict, and abstains from voting in that regard or participating in discussions.

### **C. Compensation to Members of the Board of Directors**

Within the limits of available funds and subject to the bylaws of the corporation, Neighborhood Health may reimburse members of the Board of Directors for reasonable expenses actually incurred by reason of their participation in Board activities, e.g., travel expenses, meals, and incidentals. Reimbursements shall be made in a manner consistent with Neighborhood Health policies.

Neighborhood Health will not compensate members of the Board of Directors for services rendered in the ordinary course of service as members of the Board of Directors. However, if a member of the Board of Directors who is not an officer is qualified to perform professional services for Neighborhood Health, Neighborhood Health may consider contracting with that member of the Board of Directors for such professional services, provided that the affected member of the Board of Directors does not participate in discussions (except to the extent other bidders are invited to do so) or vote on his or her selection and the procurement is in all respects an "arms-length" transaction (and, the result of a competitive bid process), consistent with Neighborhood Health's Procurement Policy and OMB Circular A-122 cost principles, and in the best interest of Neighborhood Health.

### **D. Prohibition Against Certain Gifts/Gratuities**

The employees, contractors, agents, officers, and members of the Board of Directors of Neighborhood Health may not solicit or accept gifts, gratuities, favors or anything of value from contractors or potential contractors of Neighborhood Health, or from parties or potential parties to sub-agreements (e.g., subcontracts and sub-grants).

A "gift" means anything offered directly by or on behalf of a contractor or potential contractor, other than promotional materials of little or nominal value such as pens, calendars, mugs, and other items intended for wide distribution and not easily resold. Gifts include (but are not limited to): personal gifts, such as sporting goods, household furnishings and liquor; social entertainment or tickets to sporting events; personal loans or privileges to obtain discounted merchandise, and the like.

Any employee, contractor, agent, officer, or member of the Board of Directors will decline or return any gift and notify the CEO of such gift.

Notwithstanding the foregoing, Neighborhood Health as an organization may accept contributions from contractors and potential contractors as part of its ongoing fundraising efforts. In addition, Neighborhood Health and its employees may participate in consultative projects, webinars, trainings, meetings, or conferences and accept the sponsorship of a contractor or potential contractor for the associated trainings, consultations, travel, lodging, meals, etc. if the CEO approves (in advance and in writing) such participation and sponsorship. The CEO shall approve these requests only when the intention and reality of such support from contractors or potential contractors is to improve organizational performance rather than confer individual staff benefit or private financial gain. The CEO shall disclose all such support and sponsorships to the Board of Directors in writing.

#### **E. Prohibition Against Bribery**

Neighborhood Health will immediately dismiss any employee, remove any officer or member of the Board of Directors, and terminate the contract of any contractor/agent found to have offered or accepted a bribe to secure funding from Neighborhood Health.

#### **IV. Procurement Standards.**

Neighborhood Health has developed Procurement Standards that are separately set forth and govern the conduct of Neighborhood Health's procurements. As those Procurement Standards state, it is the policy of Neighborhood Health to conduct all procurement transactions in a manner to provide, to the maximum extent practical, open, and free competition. Other important procurement considerations include the following:

Neighborhood Health will be sensitive to, and seek to avoid, organizational conflicts of interest or non-competitive practices among contractors. Consultants who want to bid for a contract from Neighborhood Health are prohibited from drafting the contract's specifications, request for proposals and the like.

Awards will be made to the bidder whose bid is responsive to the solicitation and most advantageous to Neighborhood Health, in terms of price, quality and other factors. Neighborhood Health retains the right to reject any and all bids or offers when it is in Neighborhood Health's interest to do so.

#### **V. Confidential Information.**

##### **A. General Principles.**

Employees, agents, contractors, officers, and members of the Board of Directors of Neighborhood Health may acquire confidential information by virtue of their affiliation with Neighborhood Health. It is Neighborhood Health's policy that information (including paper and electronic documents containing such information) that Neighborhood Health deems to be confidential may not be intentionally disclosed outside of Neighborhood Health. In addition, employees, contractors, agents, officers, and members of the Board of Directors will not disclose information that is not designated as confidential in instances where the individual should reasonably know that Neighborhood Health would not wish to have the information released to a third party, and should exercise reasonable care to avoid the inadvertent disclosure of confidential information.

## **B. Covered Information.**

It is the policy of Neighborhood Health that all information communicated at executive sessions or other closed sessions of the Board of Directors is confidential information. In addition, the Board of Directors or CEO may determine that other information is confidential on a case-by-case basis considering Neighborhood Health's best interests. Information may be designated as confidential in various ways. Documents may be marked confidential (e.g., confidential minutes of executive sessions, financial reports, documents that contain attorney-client communications or an attorney's legal opinion or factual research, which may be designated "attorney work product". Information that is communicated orally may also be designated as confidential information either prior to or immediately after it is communicated.

## **C. Policy.**

Employees, contractors, agents, officers, and Board members of Neighborhood Health are required to sign an appropriate Confidentiality Agreement that specifically limits the context in which, and persons to whom confidential information may be communicated. The form of such agreement is attached hereto as Exhibit B.

Employees, contractors, agents, officers, and members of the Board of Directors may not communicate Neighborhood Health confidential information to anyone who is not an employee, contractor, agent, officer, or member of the Board of Directors without the explicit authorization of the Board of Directors. The Board of Directors will have discretion on a case-by-case basis to limit access to certain confidential information only to members of the Board of Directors and officers. No employee, contractor, agent, officer, or member of the Board of Directors of Neighborhood Health will make use of or disclose confidential information learned as a result of his or her affiliation with Neighborhood Health for personal or any other persons' gain. Employees, contractors, agents, officers, and members of the Board of Directors will at all times exercise reasonable care to avoid the inadvertent disclosure of Neighborhood Health's confidential information and will be bound by (and required to comply with) the confidentiality provisions contained in agreements executed between Neighborhood Health and other organizations.

Employees, contractors, agents, officers, and Board Members are required to maintain the confidentiality of Neighborhood Health's information, consistent with this Confidentiality Policy, for an indefinite period of time after their term of employment, contract, office, or other affiliation with Neighborhood Health ends.

## **VI. Political Activities and Lobbying.**

### **A. Political Activities.**

No employee, contractor or agent of Neighborhood Health may engage in political or political campaign activities (typically involving elections for public office) during business hours, unless on leave. No employee, contractor, agent, officer, or member of the Board of Directors may use Neighborhood Health's name, facility, or resources in connection with political or campaign activities.

Employees, contractors, agents, officers, and members of the Board of Directors may not solicit political support in any manner that might suggest that Neighborhood Health supports any political party or candidate. No employee, contractor, agent, officer, or member of the

Board of Directors will, in any manner, solicit financial assistance or subscription for any political party, candidate, fund, publication, or for any other political purpose from Neighborhood Health employees in the workplace or otherwise in an employment-related setting.

## **B. Lobbying.**

No Federal grant or related funds may be used to support the costs, if any are incurred, of prohibited lobbying activities as defined variously in OMB Circular A-122, Department of Health and Human Services (“DHHS”) rules implementing the Byrd Amendment and DHHS appropriations riders. Lobbying is generally defined as a communication (written or oral) that is an attempt to influence (for or against) specific legislation. No lobbying activities will be conducted by employees, contractors, agents, officers, and/or members of the Board of Directors, on behalf of Neighborhood Health, without the prior written approval of the CEO (or, if such person is the CEO, the Chair of the Board of Directors).

## **VII. Violations of Standards of Conduct.**

### **A. Reporting of Suspected Violations.**

#### **1. Employees.**

Employees should promptly report suspected violations of applicable laws, regulations, government contract and grant requirements or these Standards of Conduct. This reporting should normally be made initially through standard management channels, beginning with the immediate supervisor. Alternatively, employees may go to the Compliance Officer or CEO.

Such reports may be made confidentially, and even anonymously; however, Neighborhood Health cannot guarantee anonymity. Raising such concerns is a service to Neighborhood Health and will not jeopardize the employment of the reporting individual.

All employees should cooperate fully in the investigation of any alleged misconduct.

#### **2. Others.**

Other individuals should promptly report suspected violations of applicable laws, regulations, government contract and grant requirements or these Standards of Conduct to the CEO or Compliance Officer. If an individual has reason to believe that the CEO has violated the standards, notice must be given to the Chair of the Board of Directors.

### **B. Consequences of Violations.**

Employees, contractors, or agents who violate these standards may, depending on the severity of the violation, be subject to oral admonishment, written reprimand, reassignment, demotion, suspension, or separation, in addition to legal penalties that may apply.

Officers and members of the Board of Directors who violate these standards may, depending on the severity of the violation, be subject to oral admonishment or removal from the Board, in addition to legal penalties that may apply.

**Exhibit A:  
DISCLOSURE CONCERNING CONFLICT OF INTEREST**

**STATEMENT OF PURPOSE:**

As an employee, contractor, agent, officer, or Board member of Neighborhood Health, I understand that I owe certain duties to Neighborhood Health including, but not limited to, the duty of loyalty to Neighborhood Health. I understand that one aspect of fulfilling my duties to Neighborhood Health is to avoid conflicts of interest in which my allegiance might be split between a position of responsibility with Neighborhood Health, and another professional, personal, business, or volunteer position or responsibility. To help avoid actual or potential conflicts of interest, I am disclosing other responsibilities and situations in which I have, or may have, a conflict with regard to my duties to Neighborhood Health, including those which may give the appearance that I have conflicting duties to another position or responsibility. I invite any further inquiry by Neighborhood Health that it deems appropriate.

**AGREEMENT AND DISCLOSURE:**

I have read Neighborhood Health's Standards of Conduct and agree to comply with the terms of the policy. I agree to supplement this Disclosure Form in the event an additional conflict, or potential conflict, arises, but in no event less than annually.

1. Professional, business, or volunteer positions that might give rise to conflicts;
2. Situations in which I am serving as a vendor, or am employed by or consulting with a vendor, to Neighborhood Health or its clients;
3. Family relationships that create or appear to create a conflict;
4. Suggested means of mitigating any of the situations identified in Items 1 through 3 above;
5. I know of no professional, business, or volunteer position or responsibility, including vendor situations, that might give rise to conflicts (check here): \_\_\_\_

[Student Need Not Sign this Form] \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position with Neighborhood Health

**Exhibit B:  
CONFIDENTIALITY AGREEMENT**

I have reviewed Neighborhood Health's Confidentiality Policy and agree to comply with the policies stated therein.

*[Students Sign this Form in their Intake Packet]*

Signature

\_\_\_\_\_ Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position with Neighborhood Health



**Attachment C:  
Pre-Orientation Quiz for  
Students, Residents, and Interns**



## Pre-Orientation Quiz for Students, Residents, and Interns

Student or Resident Full Name (First, Middle, Last):		Student or Resident Telephone #:
Gender Identity (optional): <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy):	Email:

### Mission of Neighborhood Health

1. Neighborhood Health serves patients with insurance, including private coverage, TennCare, CoverKids, and Medicare.	<input type="checkbox"/> True <input type="checkbox"/> False
2. Neighborhood Health serves patients without regard to their insurance status or ability to pay.	<input type="checkbox"/> True <input type="checkbox"/> False
3. Neighborhood Health serves roughly 30,000 patients each year, including about 5,000 patient experiencing homelessness.	<input type="checkbox"/> True <input type="checkbox"/> False
4. Neighborhood Health helps patients sign up for pharmacy assistance, health coverage, and other public programs including <a href="#">CoverRx</a> , TennCare, CoverKids, the Medicare Savings Program, and SNAP/Food Stamps.	<input type="checkbox"/> True <input type="checkbox"/> False
5. Neighborhood Health can serve patients living in any county, even patients from Cheatham, Sumner, Macon, Smith, and Rutherford Counties in which Neighborhood Health does not currently have a health center location.	<input type="checkbox"/> True <input type="checkbox"/> False
6. Women who do not want to get pregnant can get free long-acting reversible contraception through Neighborhood Health.	<input type="checkbox"/> True <input type="checkbox"/> False
7. Neighborhood Health provides the identical medical, dental, and behavioral health care services at all locations.	<input type="checkbox"/> True <input type="checkbox"/> False
8. A student, resident, or intern can refer friends and family members to Neighborhood Health to get medical, dental, or behavioral health care services.	<input type="checkbox"/> True <input type="checkbox"/> False

### Neighborhood Health Policies and Procedures

1. Students, residents, and interns can use apps on their personal phones to look up reference information when caring for patients.	<input type="checkbox"/> True <input type="checkbox"/> False
2. Students, residents, and interns can help with the treatment of patients whom they may know outside of Neighborhood Health.	<input type="checkbox"/> True <input type="checkbox"/> False

3. Students, residents, and interns have access to the lab areas at Neighborhood Health clinics.	<input type="checkbox"/> True <input type="checkbox"/> False
4. Students, residents, and interns must sign in and sign out as a visitor when arriving and leaving their assigned health center each day.	<input type="checkbox"/> True <input type="checkbox"/> False
5. Students, residents, and interns do not need to wash their hands after a patient encounter if they were wearing latex gloves.	<input type="checkbox"/> True <input type="checkbox"/> False
6. The “SDS” provides key safety information about products we use in health centers, and SDS information is available online.	<input type="checkbox"/> True <input type="checkbox"/> False
7. Students, residents, and interns may draw blood from patients for labs or administer vaccinations as ordered by providers.	<input type="checkbox"/> True <input type="checkbox"/> False
8. Students, residents, and interns should always confirm a patient using two patient identifiers at the beginning of each encounter.	<input type="checkbox"/> True <input type="checkbox"/> False
9. Students, residents, and interns may try to persuade a reluctant patient to consent to having the student, resident, or intern provide services.	<input type="checkbox"/> True <input type="checkbox"/> False
10. If a provider begins to discuss a patient’s information with a student, resident, or intern in a publicly accessible hallway in the patient care area, the student, resident, or intern can engage in the conversation.	<input type="checkbox"/> True <input type="checkbox"/> False
11. Students, residents, and interns can use a personal cell phone to take a picture of a patient’s rash or other condition if the purpose relates to patient care.	<input type="checkbox"/> True <input type="checkbox"/> False
12. Students, residents, and interns can email or text their preceptor about a patient as long as they do not include any identifiers in the email or text	<input type="checkbox"/> True <input type="checkbox"/> False
13. Students, residents, or interns may publish findings or observations as long as it is part of their coursework.	<input type="checkbox"/> True <input type="checkbox"/> False
14. Students, residents, or interns may take home a Neighborhood Health-provided laptop or device if their precepting provider gives them permission.	<input type="checkbox"/> True <input type="checkbox"/> False
15. Students, residents, or interns may insert a thumb drive into a Neighborhood Health laptop as long as they conduct a virus scan prior to insertion.	<input type="checkbox"/> True <input type="checkbox"/> False

16. Students, residents, or interns may access their academic email accounts using a Neighborhood Health-provided laptop as long as they do so using a public Wi-Fi network	<input type="checkbox"/> True <input type="checkbox"/> False
17. In order to work at Neighborhood Health, students, residents, or interns need to feel comfortable enough to walk unescorted to their vehicles even during daylight.	<input type="checkbox"/> True <input type="checkbox"/> False
18. Students, residents, and interns should notify their precepting providers about concerns that may warrant incident reports and entrust them to complete the incident reporting.	<input type="checkbox"/> True <input type="checkbox"/> False
19. A resident who is fluent in Arabic may conduct a patient exam and converse with a patient in that language if the patient either does not speak English or is more comfortable speaking in Arabic.	<input type="checkbox"/> True <input type="checkbox"/> False
20. A student, resident, or intern can access the electronic health record of a patient for whom they are not involved in the treatment.	<input type="checkbox"/> True <input type="checkbox"/> False
<b>Public Benefits Eligibility</b>	
1. All Tennesseans under 138% of the federal poverty level (FPL) are generally eligible for TennCare, Tennessee's Medicaid program	<input type="checkbox"/> True <input type="checkbox"/> False
2. Individuals who live in public housing or who get SNAP/Food Stamp benefits automatically get TennCare.	<input type="checkbox"/> True <input type="checkbox"/> False
3. Undocumented immigrants are ineligible for all public programs in Tennessee.	<input type="checkbox"/> True <input type="checkbox"/> False
4. Tennesseans under the poverty level may be eligible for pharmacy assistance programs.	<input type="checkbox"/> True <input type="checkbox"/> False
5. Uninsured residents of Nashville/Davidson County can get free or low-cost radiology, specialty care, and inpatient services at Nashville General Hospital.	<input type="checkbox"/> True <input type="checkbox"/> False
6. Tennesseans can enroll in marketplace health plans via <a href="http://www.healthcare.gov">www.healthcare.gov</a> if they get sick or begin to need coverage and are not eligible for TennCare, CoverKids, or <a href="#">CoverRx</a> .	<input type="checkbox"/> True <input type="checkbox"/> False
7. Medicare enrollees may qualify for special help to pay for their monthly premiums, deductibles, and other cost sharing.	<input type="checkbox"/> True <input type="checkbox"/> False



## Required Attestations from Academic Institution Seeking Placement for Student, Resident, or Intern

*The individual below seeks a placement at Neighborhood Health as part of his or her training program. Neighborhood Health requires the individual's academic institution to provide the following attestations before considering the individual's placement request.*

Student or Resident Full Name (First, Middle, Last):		Student or Resident Telephone #:
Gender Identity (optional): <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy):	Email:

**Having conducted appropriate searches and other due diligence, I hereby attest the following:**

1. I am an authorized official of \_\_\_\_\_ and have the authority to make the representations below on behalf of my institution.
2. **Provision of Materials:** I provided the individual above with a copy of both Neighborhood Health's:
  - Procedure for Students, Residents, and Interns Seeking Placements at Neighborhood Health; and
  - Policy Booklet for Students, Residents, and Interns with Onsite Placements.

Alternatively, I confirmed this individual has received both of these documents.

3. **Current Enrollment:** I confirm the individual above is a student or resident currently enrolled and in good standing in our academic training program.
4. **Not an Online Student:** I confirm this student is **not** matriculating in an online program (unless the student is from Frontier Nursing University and seeks to work in rural areas).
5. **HIPAA Training:** I confirm the individual above has successfully completed a thorough training regarding patient privacy and the confidentiality requirements of the federal HIPAA statute and regulations, including but not limited to the safeguarding of patient information and the proper storage and protection of patient records.
6. **Life Safety Training:** I confirm the individual above has successfully completed general life safety training, including but not limited to fire safety, personal security, and injury prevention training appropriate for outpatient health care settings.
7. **Infection Control Training:** I confirm the individual above has successfully completed general infection control training appropriate for outpatient health care settings.

8. **Background Check:** I confirm the individual above has completed a criminal background check during the previous three (3) years, the institution has reviewed the results, and the institution found no cause for concern.
9. **No Criminal Convictions or Pending Charges:** I confirm the individual above currently has no criminal convictions or pending criminal charges.
10. **No Malpractice Settlements or Pending Claims:** I confirm the individual has no past or pending malpractice settlements or claims, nor is the individual the subject of any pending investigations in this regard.
11. **Not on Exclusion List:** I confirm this individual is not on the Office of Inspector General's List of Excluded Individuals/Entities, nor is this individual otherwise excluded from participation in any federal or state programs as a result of federal or state investigations.
12. **No Harassment or Discrimination Findings or Pending Claims:** I confirm the individual above has not been the subject of any findings regarding harassment or discrimination, nor is the individual the subject of any pending investigations.
13. **Adherence to Neighborhood Health Policies and Procedures:** I carefully explained to the individual above that he or she must closely adhere to all Neighborhood Health policies and procedures and that failure to do so may result in Neighborhood Health's immediate termination of his or her placement there.

I attach a comprehensive explanation of any clarifications to the attestations above. If I check this box and attach this information, I specifically note in the attachment the item number(s) above I seek to clarify. (This item is optional.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Direct Telephone #

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

***Please email this completed, signed document to  
[administrative.assistant@neighborhoodhealthtn.org](mailto:administrative.assistant@neighborhoodhealthtn.org)  
and carbon copy the individual above.***



## Completion of Site-Specific Life Safety & Infection Control Orientation

Student or Resident Full Name (First, Middle, Last):		Student or Resident Telephone #:
Gender Identity (optional): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary or other	Date of Birth (mm/dd/yyyy):	Email:

### Health Center (select only one\*)

- |  |   |
|--|---|
| <input type="checkbox"/> Casa Azafrán<br><input type="checkbox"/> Cayce<br><input type="checkbox"/> Cleveland Park<br><input type="checkbox"/> Downtown Clinic (DTC)<br><input type="checkbox"/> East Side<br><input type="checkbox"/> Inglewood | <input type="checkbox"/> Lebanon<br><input type="checkbox"/> Madison<br><input type="checkbox"/> Mission<br><input type="checkbox"/> Napier<br><input type="checkbox"/> Welshwood |
|--|---|

*\* **Note:** If you have a placement at more than one location, you must complete an onsite orientation at each site and submit a separate form for the site-specific orientation.*

### Identification of Site-Specific Items

The Health Center Manager will provide the site-specific life safety and infection control orientation. He or she will also review your “Map Quiz” to ensure you know the location(s) of:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>All exits</li> <li>Evacuation route(s)</li> <li>Fire extinguisher(s)</li> <li>Fire alarm(s)</li> <li>AED equipment</li> </ul> | <ul style="list-style-type: none"> <li>Emergency kit</li> <li>Eyewash station(s)</li> <li>Emergency Action Plan (EAP)</li> <li>SDS</li> </ul> |
|--|---|

### Signature

We completed the site-specific life safety and infection control orientation for this health center.

<b>X</b> _____ Signature of Student, Resident, or Intern	<b>X</b> _____ Signature of Health Center Manager or Designee
_____ Printed Name of Student, Resident, or Intern	_____ Printed Name of Health Center Manager or Designee
_____ Date	_____ Date

**Note:** The student, resident, or intern shall email [administrative.assistant@neighborhoodhealthtn.org](mailto:administrative.assistant@neighborhoodhealthtn.org) a scanned version of the completed, signed form and Map Quiz within one business day or bring it to 2711 Foster Avenue within one business day of starting at his or her health center site.