

24

**AGENDA ITEM
ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS**

Deadline for Submission - Wednesday 9 a.m. – Thirteen Days Prior to BCC Meeting

9/17/2024

BCC MEETING DATE

TO: Joy Andrews, County Administrator

DATE: August 14, 2024

FROM: Kelly Boulos, Forensic Operations Manager

PHONE: 904 209-0823

SUBJECT OR TITLE: Program Letter of Agreement For Rotation of University of Florida College of Medicine Residents and/or Fellows at St. Johns County Medical Examiner's Office

AGENDA TYPE: Consent Agenda, Contract, Resolution

BACKGROUND INFORMATION:

Pursuant to an Interlocal Agreement between Flagler, Putnam and St. Johns counties, St. Johns County is responsible for the administration of the Medical Examiner’s Office and its employees. The Accreditation Council for Graduate Medical Education requires pathology residency programs to offer rotations in Forensic Pathology for physicians currently training in their pathology specialty. University of Florida College of Medicine (“University”), requested the Medical Examiner’s Office provide clinical training opportunities to physician residents and fellows from the University’s Department of Pathology, Immunology, and Laboratory Medicine to meet this requirement. This agreement provides the University of Florida an accredited agency with Board Certified Forensic Pathologists to provide education, instruction and oversight that meets their requirements.

1. IS FUNDING REQUIRED? No

2. IF YES, INDICATE IF BUDGETED. No

IF FUNDING IS REQUIRED, MANDATORY OMB REVIEW IS REQUIRED:

INDICATE FUNDING SOURCE:

SUGGESTED MOTION/RECOMMENDATION/ACTION:

Motion to adopt Resolution 2024-_____, approving and ratifying the Program Letter Agreement between the University of Florida College of Medicine and St. Johns County setting forth the responsibilities of the parties for providing clinical training opportunities to physician residents and fellows from the University’s Department of Pathology, Immunology, and Laboratory Medicine.

For Administration Use Only:

Legal: Kealey West 9/3/2024

OMB: ARM 9/4/2024

Admin: Brad Bradley 9/5/2024

RESOLUTION 2024-

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, APPROVING AND RATIFYING A PROGRAM LETTER OF AGREEMENT BETWEEN THE ST. JOHNS COUNTY MEDICAL EXAMINER'S OFFICE AND UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE.

RECITALS

WHEREAS, Flagler, Putnam, and St. Johns counties comprise Florida Medical Examiner's District 23 (the "Medical Examiner Office") and

WHEREAS, pursuant to an Interlocal Agreement between Flagler, Putnam and St. Johns counties, St. Johns County is responsible for the administration of the Medical Examiner's Office and its employees (Resolution 2011-275); and

WHEREAS, University of Florida College of Medicine ("University"), requested the Medical Examiner's Office provide clinical training opportunities to physician residents and fellows from the University's Department of Pathology, Immunology, and Laboratory Medicine ("Program"); and

WHEREAS, upon review, the Chief Medical Examiner determined the Program would provide benefit to the University, the Medical Examiner's Office, and St. Johns County; and

WHEREAS, since time was of the essence, on August 6, 2024, the Chief Medical Examiner, as designee of the County Administrator for the Medical Examiner's Office, executed the Program Letter of Agreement subject to subsequent ratification by the Board of County Commissioners; and

WHEREAS, the Board of County Commissioners determine that entering into the Program Letter of Agreement serves a public purpose and is in the interest of the County and the public.

NOW, THEREFORE BE IT RESOLVED, by the Board of County Commissioners of St. Johns County, Florida that:

Section 1. The above Recitals are hereby incorporated into the body of this Resolution, and are adopted as findings of fact.

Section 2. The Board of County Commissioners hereby approves that certain Program Letter of Agreement and ratifies its execution.

Section 3. To the extent that there are typographical, administrative, or scrivener's errors that do not change the tone, tenor, or context of this Resolution, then this Resolution may be revised without further action by the Board of County Commissioners.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, State of Florida, this ____ day of September, 2024.

**BOARD OF COUNTY COMMISSIONERS OF
ST. JOHNS COUNTY, FLORIDA**

By: _____
Sarah Arnold, Chair

ATTEST: Brandon J. Patty,
Clerk of the Circuit Court and Comptroller

By: _____
Deputy Clerk

**PROGRAM LETTER OF AGREEMENT FOR ROTATION OF UNIVERSITY OF FLORIDA
COLLEGE OF MEDICINE RESIDENTS AND/OR FELLOWS
AT AN EXTERNAL CLINICAL SITE**

The University of Florida Board of Trustees, for the benefit of the College of Medicine/Gainesville, University of Florida (“UNIVERSITY”), has responsibility for the training of physician residents and fellows (hereinafter referred to as “RESIDENT(S)”) in accordance with and as accredited by the Accreditation Council for Graduate Medical Education (ACGME). District 23 Medical Examiner’s Office (“CLINICAL SITE”), located at 4501 Avenue A, St. Augustine, FL 32095 can provide a clinical setting in which RESIDENT(S) may participate in medical education, research, and/or patient care. UNIVERSITY wishes to enter into this formal agreement (“Agreement”), with CLINICAL SITE in furtherance of its educational mission under Article IX, § 7 (a) of the Florida Constitution. This Agreement must be fully executed by UNIVERSITY and CLINICAL SITE prior to arrival of RESIDENT(S) and before RESIDENT(S) perform clinical services at CLINICAL SITE.

AGREEMENT AND RESPONSIBILITIES

CLINICAL SITE agrees to accept a variable and mutually agreed upon number of RESIDENTS each year from UNIVERSITY’s Department of Pathology, Immunology, and Laboratory Medicine. UNIVERSITY shall provide the names of the RESIDENTS and period of assignment year at mutually agreed upon time(s). The term of this Agreement shall commence on July 1, 2024, and shall remain in full force and effect for a period of ten (10) years. This Agreement may be terminated, with or without cause, by either party providing sixty (60) days written notice to the other party with delivery confirmation. Such notice may be delivered by a courier service, by United States Postal Service mail or by hand delivery registered mail, return receipt requested. The parties agree that if this Agreement is terminated, all RESIDENTS currently assigned to CLINICAL SITE by UNIVERSITY pursuant to this Agreement, shall be given the opportunity to complete their clinical rotation.

A. RESPONSIBILITIES OF CLINICAL SITE

1. CLINICAL SITE shall provide qualified preceptor(s) and a structured educational experience to RESIDENT(S) pursuant to ACGME standards. The individual(s) assigned by CLINICAL SITE to assume administrative, educational, teaching and supervisory responsibility for RESIDENT(S)’ clinical experience is/are Wendolyn Sneed, MD, Chief Medical Examiner.
2. CLINICAL SITE shall provide to each RESIDENT, upon his/her arrival at CLINICAL SITE, a current set of CLINICAL SITE’s rules and regulations pertaining to the site of assignment.
3. CLINICAL SITE shall arrange for access by each RESIDENT to available library facilities at the site of assignment.
4. CLINICAL SITE shall arrange for immediate emergency care in the event of a RESIDENT's accidental injury or illness, but CLINICAL SITE shall not be responsible for costs involved, follow-up care, or hospitalization.
5. CLINICAL SITE shall formally evaluate in writing the performance of each RESIDENT.
6. CLINICAL SITE shall have the right to remove any RESIDENT from CLINICAL SITE's programs in the event the RESIDENT does not, in the sole judgment of CLINICAL SITE, satisfactorily perform assigned duties while in the program.
7. CLINICAL SITE shall maintain professional liability insurance coverage for CLINICAL SITE and its personnel in amounts consistent with that maintained by similar entities, and shall provide evidence of such insurance upon reasonable request of UNIVERSITY.

B. RESPONSIBILITIES OF UNIVERSITY

1. UNIVERSITY shall identify in writing the educational goals and objectives to be attained during each RESIDENT’S clinical experience at CLINICAL SITE and shall attach same hereto as **Attachment A**.

2. UNIVERSITY shall require that each RESIDENT has appropriate qualifications, including appropriate skills, training, health status, and other qualifications as required by CLINICAL SITE.
3. UNIVERSITY shall instruct each RESIDENT to attend all educational activities, perform clinical services as assigned by preceptor(s), and adhere to applicable policies of UNIVERSITY and CLINICAL SITE, if not in conflict with those of UNIVERSITY.
4. UNIVERSITY shall instruct each RESIDENT to wear a pictured name tag identifying his/her status with UNIVERSITY.
5. UNIVERSITY shall be responsible for the payment of all salaries and fringe benefits accruing to each RESIDENT, and will provide workers compensation protection to RESIDENT, while RESIDENT is participating in CLINICAL SITE programs, in accordance with applicable Florida laws and regulations.
6. While engaged in activities described in this Agreement, each RESIDENT shall function in the capacity of an employee or agent of The University of Florida Board of Trustees (UFBOT) and shall be subject to the personal immunity to tort claims as described in Section 768.28, Florida Statutes. Accordingly, UFBOT acting as UNIVERSITY shall, in accordance with applicable Florida laws and regulations, provide professional liability protection for claims and actions arising from the clinical activities of each RESIDENT. To the extent that the State of Florida, on behalf of the Board of Governors and UFBOT, has partially waived its immunity to tort claims and is vicariously responsible for the negligent acts and omissions of its employees and agents as prescribed by Section 768.28, Florida Statutes, UFBOT is protected for a claim or judgment by any one person in a sum not exceeding Two Hundred Thousand Dollars (\$200,000.00) and for total claims or judgments arising out of the same incident or occurrence in a total amount not exceeding Three Hundred Thousand Dollars (\$300,000.00), such protection being provided by the University of Florida J. Hillis Miller Health Center Self-Insurance Program, a self-insurance program created pursuant to the authority of Section 1004.24, Florida Statutes. Personnel and agents of UFBOT are not individually subject to actions arising from their state functions. Any damages allocated against the UFBOT as prescribed by Section 766.112, Florida Statutes, are not subject to reallocation under the doctrine of joint-and-several liability to codefendants of the UFBOT in professional liability actions. The sole remedy available to a claimant to collect damages allocated to UFBOT is as prescribed by Section 768.28, Florida Statutes. All liability protection described in this Section is on an "occurrence" basis. The University of Florida J. Hillis Miller Health Center Self-Insurance Program provides ongoing protection with no expiration.
7. UNIVERSITY shall instruct its RESIDENTS to keep patient information strictly confidential and to not use confidential patient information for any purpose other than treatment or as a part of their own training. RESIDENTS shall be instructed to comply with all applicable requirements of state and federal law for the protection of confidential patient information, including privacy regulations of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

C. MISCELLANEOUS

1. The parties hereby acknowledge that they are independent contractors, and neither the UNIVERSITY nor any of its agents, representatives, employees or RESIDENTS shall be considered agents, representatives, or employees of CLINICAL SITE. In no event shall this Agreement be construed as establishing a partnership or joint venture or similar relationship between the parties hereto.
2. Nothing in this Agreement, express or implied, is intended or shall be construed to confer upon any person, firm or corporation other than the parties hereto and their respective successors or assigns, any remedy or claim under or by reason of this Agreement or any term, covenant or condition hereof, as third party beneficiaries or otherwise, and all of the terms, covenants and conditions hereof shall be for the sole and exclusive benefit of the parties hereto and their permitted successors and assigns.
3. Each person signing on behalf of the parties to this Agreement represents and warrants that he/she has full authority to execute the Agreement on behalf of such party and that the Agreement will constitute a legal and binding obligation.

- 4. This Agreement, including all attachments, contains the entire and complete understanding and agreement between the parties pertaining to the subject matter herein, and supersedes and cancels any and all prior agreements or understandings, whether oral or written, relating to the subject matter hereto. No other terms or conditions in the future shall be valid and binding on any party unless reduced to writing and executed by both parties.
- 5. The Parties shall, to the maximum extent possible, fully cooperate in the defense of any claim or action involving medical care or treatment provided pursuant to this Agreement. Such cooperation shall include but not be limited to timely reporting to the other any such claim or action of which they become aware, timely providing relevant medical records and other documentation to the other at no expense to the other, and participating in such investigation and mutual defense as may be mutually advantageous.

IN WITNESS WHEREOF, the duly authorized officers of the parties hereto have executed this Agreement, effective on the date of signature by both parties.

THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES, FOR THE BENEFIT OF THE COLLEGE OF MEDICINE, GAINESVILLE, UNIVERSITY OF FLORIDA

CLINICAL SITE

By: Wendalyn Sneed, MD 8/6/2024 | 9:21 AM EDT
 Date
Print Name: Wendolyn Sneed, MD
Title of Legal Signatory: Chief Medical Examiner

By: Martina Murphy, MD 8/6/2024 | 9:42 AM PDT
 Date
 Martina Murphy, M.D.
 Designated Institutional Official
 Senior Associate Dean of Graduate Medical Education
 Vice Chief for Faculty Development, UF Division of Hematology/Oncology
 College of Medicine/Gainesville
 University of Florida

ACKNOWLEDGED FOR UNIVERSITY:

By: Wendalyn Sneed, MD 8/6/2024 | 9:21 AM EDT
 Responsible Preceptor Date
Print Name: Wendolyn Sneed, MD

By: David Saulino, DO 8/6/2024 | 9:49 AM EDT
 Date
 Program Director
 Department of Pathology, Immunology, and Laboratory Medicine/Gainesville
 College of Medicine
 University of Florida

PLEASE ENSURE THE EDUCATIONAL GOALS AND OBJECTIVES ARE ATTACHED TO THIS AGREEMENT BEFORE SIGNING.

OFFICE OF THE MEDICAL EXAMINER DISTRICT 23

<https://www.sjcl.us/department/medical-examiner/>
St. Johns, Putnam, & Flagler

4501 Avenue A, St.
Augustine, FL 32905
Office 904-209-0820

FORENSIC PATHOLOGY ROTATION

Location: 4501 Avenue A, St. Augustine, FL 32905.

Offer number: 904-209-0820

Length of Rotation: 2-4 week elective (PGY1-PGY4). Rotation dates and times must receive approval from the rotation director prior to scheduling.

Percent Ambulatory: 0%

Percent Inpatient: 0%

Percent Research: N/A

Rotation Director: Wendolyn Sneed, M.D., District 23 Medical Examiner (wsneed@sjcfl.us)

Teaching staff: Wendolyn Sneed, M.D., Iana Lesnikova, MD., and associates

Recommended Reading:

The Hospital Autopsy, 2nd edition; Color Atlas of Forensic Medicine and Pathology, 2nd edition, edited by Charles Catanese; Forensic Pathology, 2nd edition, authored by Vincent J. and Dominick DiMaio; Forensic Pathology Principles and Practice, 1st edition, edited by Dolinak, Matshes, and Lew. Gunshot Wounds Practical Aspects of Firearms, Ballistics, and Forensic Techniques, 2nd edition, authored by Vincent J. DiMaio; Essential Forensic Neuropathology, authored by Troncoso, Rubio and Fowler; Sudden Death in the Young, 3rd edition, edited by Byard.

Didactic Activity Expectations: N/A

Call Requirements: N/A

Description of the rotation: This rotation is designed to introduce the Pathology resident to medicolegal autopsies performed by medical examiners, which may include deaths by homicide, suicide, accident, and natural causes depending on what is available during the rotation. Exposure to fluid/tissue testing, toxicology, scene investigation, and the medicolegal aspects of cases (including court-room observation) may also be available.

Goals of the rotation: The goal of the forensic pathology rotation is to teach residents how to perform a thorough external and internal examination and correlate gross and microscopic findings with toxicology and laboratory tests in order to determine/establish cause and manner of death. Further, residents will learn how medical examiner jurisdiction is assigned through evaluating and extracting medical, social, and personal information pertinent to the death investigation process, evaluating scene evidence obtained from investigators or personal inspection.

Evaluation and feedback: Residents will be given formal evaluation from their instructors via New Innovations and may also receive informal feedback during their rotation time. Residents are encouraged to exchange personal feedback with faculty at the end of their rotation.

Abbreviations defined:

Legend for Milestones Competencies (per ACGME Reporting Milestones)

PC – Patient Care

MK – Medical Knowledge

SBP – System Based Practice Learning

PBLI – Practice Based Learning Improvement

PROF – Professionalism

ICS – Interpersonal and Communication Skills

Learning Activities:

A: Autopsy

ARA: Autopsy-related activities such as death scene investigations, legal deposition, and court room observation

D: Discussion

RA: Reading assignments

Evaluation Tools:

360 – Peer, Staff Evaluation

FE – Monthly written faculty evaluations of the resident

SE – Self Eval

Forensic Pathology Goals and Objectives for 1st Rotation

Patient Care: *Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.*

PC6 - Patient Care 6: Autopsy (AP)

<u>PC Goal #1:</u> At the Medical Examiner’s office, perform a thorough external and internal examination and correlate gross and microscopic findings with toxicology and laboratory tests in order to determine/establish cause and manner of death.					
<u>#</u>	<u>Objectives</u>	<u>Learning Activities</u>	<u>Evaluation Tools</u>	<u>Milestone Subcompetency</u>	<u>Delineation of responsibilities for patient care, progressive responsibility for patient management, and graded supervision</u>
1	Reviews the investigation report prior to the start of the case to determine how and why the decedent’s circumstances of death led to Medical Examiner Jurisdiction.	A, D, RA	360. FE	PC6	Residents provide patient care under direct faculty supervision and later under indirect faculty supervision when deemed appropriate by faculty. Residents should recognize and seek increased supervision or consultation from faculty when need arises.
2	Observes evisceration	Same as row 1	Same as row 1	Same as row 1	Same as row 1
3	Observes standard dissection of organ block	Same as row 1	Same as row 1	Same as row 1	Same as row 1
4	Observes sectioning and submission of blocks for histology	Same as row 1	Same as row 1	Same as row 1	Same as row 1
5	Understand how to evaluate and extract medical, social, and personal information pertinent to the death investigation process,	A, ARA, D, RA	Same as row 1	Same as row 1	Same as row 1

	evaluating scene evidence obtained from investigators or personal inspection				
6	After review of all available information and prior to examination discuss the differential diagnoses and provide opinion as to cause and manner of death	A, ARA, D	Same as row 1	Same as row 1	Same as row 1
7	Understands how to identify cases that need to be reported to the medical examiner or coroner, including risk management, patient safety, etc., in which legal or institutional processes and/or specific documentation must be implemented, such as reporting of previously undiagnosed communicable disease, device use, and discusses appropriate steps with faculty members	A, ARA, D, RA	Same as row 1	Same as row 1	Same as row 1

Medical Knowledge: *Residents must be able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.*

MK1: Diagnostic Knowledge (AP/CP)

MK Goal #1: Formulate a diagnosis based on findings				
#	Objectives	Learning Activities	Evaluation Tools	Milestone Subcompetency
1	Identify normal tissues histologically.	A, D, RA	360. FE	MK1
2	Identify basic general pathological elements histologically	Same as row 1	Same as row 1	Same as row 1
3	Discuss basic general pathophysiology based on the gross findings of the cases being examined.	Same as row 1	Same as row 1	Same as row 1

Systems-Based Practice: *Residents must be able to demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.*

SBP1: Patient Safety and Quality Improvement (QI) (AP/CP)

SBP 2: Systems Navigation for Patient-Centered Care (AP/CP)

SBP 5: Accreditation, Compliance, and Quality (AP/CP)

SBP Goal #1: Apply administrative aspects of autopsy, including policy				
#	Objectives	Learning Activities	Evaluation Tools	Milestone Subcompetency
1	“Describe the statutory responsibility of attending physicians and hospital personnel on deaths that meet criteria for medical examiner jurisdiction.”	A, D, RA	FE	SBP2
2	“Discuss and implement biohazardous safety policies while in the autopsy suite and during field scene investigation.”	Same as row 1	360, FE	SBP1 SBP5

Practice-Based Learning and Improvement: Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

PBLI2: Reflective Practice and Commitment to Personal Growth (AP/CP)

PBLI Goal #1: Implement life-long learning practices				
#	Objectives	Learning Activities	Evaluation Tools	Milestone Subcompetency
1	Seeks feedback and opportunities for improvement	A, ARA, D	360, FE	PBLI2
2	Identifies gaps between expectations and actual performance	Same as row 1	Same as row 1	Same as row 1

Professionalism: Residents must be able to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

PROF2: Accountability and Conscientiousness (AP/CP)

PROF Goal #1: Demonstrate accountability				
#	Objectives	Learning Activities	Evaluation Tools	Milestone Subcompetency
1	Understands the time expectations for preparation of the Preliminary Gross Anatomic Diagnosis (PGAD) within the 2 working day turn around time (TAT)	A, ARA, D	360, FE	PROF2
2	Prepare Final Autopsy Diagnosis (FAD) with Clinical Summary and Prosecutor's Note within 30/60 working day TAT	Same as row 1	Same as row 1	Same as row 1

Interpersonal and Communication Skills: Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates.

ICS2: Interprofessional and Team Communication (AP/CP)

ICS3: Communication within Health Care Systems (AP/CP)

ICS Goal #1: Communicate autopsy findings				
#	Objectives	Learning Activities	Evaluation Tools	Milestone Subcompetency
1	Understand the importance of preparing a Final Autopsy Diagnosis (FAD) with Clinical Summary and Prosecutor's Note that is well organized, logical in content, and concisely written in acceptable English	A, D	360, FE	ICS2 ICS3
2	Discuss the importance of communicating effectively with grieving families, law	A, D	360, FE	ICS2 ICS3

ICS Goal #1: Communicate autopsy findings				
#	<u>Objectives</u>	<u>Learning Activities</u>	<u>Evaluation Tools</u>	<u>Milestone Subcompetency</u>
	enforcement agencies, hospital personnel, hospice agencies, and funeral homes for the purpose of obtaining relevant information, prior to the final disposition of decedents and irrevocable loss of evidence.			

Certificate Of Completion

Envelope Id: 2DAA69913555479996712CD7AC474577	Status: Completed
Subject: Complete with DocuSign: 623115 PATH at ME District 23 7 1 2024 to 6 30 2034 w g&os.pdf	
Process:	
Source Envelope:	
Document Pages: 10	Signatures: 4
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Lori Ackley Thomas
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	971 Elmore Drive, Rm 102
	PO Box 115250
	Gainesville, FL 32611
	ackley.lori@ufl.edu
	IP Address: 159.178.255.1

Record Tracking

Status: Original	Holder: Lori Ackley Thomas	Location: DocuSign
8/2/2024 5:47:49 PM	ackley.lori@ufl.edu	

Signer Events

Signer Events	Signature	Timestamp
David Saulino, DO dsaulino@ufl.edu DO UF - CFR 21 Part 11 Account Security Level: Email, Account Authentication (None)	<i>David Saulino, DO</i> Signature Adoption: Pre-selected Style Using IP Address: 108.254.25.82	Sent: 8/2/2024 5:54:09 PM Viewed: 8/6/2024 9:49:09 AM Signed: 8/6/2024 9:49:30 AM

Electronic Record and Signature Disclosure:
Accepted: 5/10/2023 10:39:53 AM
ID: 7d4a2bf7-936c-4c60-8854-e3f15da1b654

Wendolyn Sneed, MD wsneed@sjcfl.us Security Level: Email, Account Authentication (None)	<i>Wendolyn Sneed, MD</i> Signature Adoption: Pre-selected Style Using IP Address: 50.203.44.151	Sent: 8/2/2024 5:54:09 PM Viewed: 8/6/2024 8:43:58 AM Signed: 8/6/2024 9:21:18 AM
---	--	---

Electronic Record and Signature Disclosure:
Accepted: 8/6/2024 8:43:58 AM
ID: ad4b2d89-b469-49b1-a24a-d4109ddb438

Martina Murphy, MD Martina.Murphy@medicine.ufl.edu Program Director Security Level: Email, Account Authentication (None)	<i>Martina Murphy, MD</i> Signature Adoption: Pre-selected Style Using IP Address: 159.178.208.178	Sent: 8/6/2024 9:49:31 AM Viewed: 8/6/2024 12:42:29 PM Signed: 8/6/2024 12:42:33 PM
---	--	---

Electronic Record and Signature Disclosure:
Accepted: 8/6/2024 12:42:29 PM
ID: 77dd4360-6c6a-4177-bcf6-5564262c5e0b

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp
Carbon Copy Events		
Lori Ackley Thomas ackley.lori@ufl.edu Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 3/24/2023 1:50:17 PM ID: b314e60b-f770-4b5b-a746-dd350c3959ec	COPIED	Sent: 8/6/2024 12:42:35 PM
Lynne Meyer lynnemeyer@ufl.edu University of Florida Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 8/6/2024 12:42:36 PM
Jordan Palacios jordan.twilley@ufl.edu Program Coordinator Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 2/21/2024 2:23:39 PM ID: b7513dc1-c1c4-4286-a0f4-dd560746832a	COPIED	Sent: 8/6/2024 12:42:37 PM
Witness Events		
Signature		
Timestamp		
Notary Events		
Signature		
Timestamp		
Envelope Summary Events		
Envelope Sent	Hashed/Encrypted	8/2/2024 5:54:09 PM
Certified Delivered	Security Checked	8/6/2024 12:42:29 PM
Signing Complete	Security Checked	8/6/2024 12:42:33 PM
Completed	Security Checked	8/6/2024 12:42:37 PM
Payment Events		
Status		
Timestamps		
Electronic Record and Signature Disclosure		

DISCLOSURE AND CONSENT TO USE ELECTRONIC DOCUMENTS AND SIGNATURES

From time to time, the University of Florida (we, us, our, or UF) may be required by law to provide you certain written notices or disclosures and may also choose to provide you with agreements, statements, authorizations, acknowledgments and other documents (collectively, “Documents”). Described below are the terms and conditions for providing such Documents electronically through the UFDocuSign electronic signing system. This supplements all other agreements you have with UF; however, in the case of any inconsistency, the terms herein shall control as applied to your consent to receive and sign Documents electronically through UFDocuSign. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the ‘I agree’ button at the bottom of this document. If you are agreeing on behalf of a business entity, you also agree that you have the requisite authority to consent to this Disclosure and Consent to Use Electronic Records and Signatures on behalf of the entity.

All Documents may be sent to you electronically

Unless you tell us otherwise, in accordance with the procedures described herein, we may, in our sole discretion, provide electronically to you through the UFDocuSign system all Documents that are required to be provided or made available to you during the course of our relationship. We may always, in our sole discretion, provide you with any Documents in paper form, even if you have chosen to receive it electronically.

Getting paper copies

At any time, you may request a paper copy of any Document provided or made available electronically by us. You will have the ability to download and print documents we send to you through the UFDocuSign system during and immediately after the signing session. To request delivery from us of paper copies of the Document(s) previously provided electronically, you must send an e-mail reply to the sender of the electronic Document(s) and state your e-mail address, full name, US Postal address, and telephone number.

Withdrawing your consent

If you decide to receive Documents from us electronically, you may at any time change your mind and tell us that thereafter you want to receive Documents only in paper format. To indicate to us that you are changing your mind, you must withdraw your consent using the UFDocuSign ‘Withdraw Consent’ form on the signing page of an UFDocuSign envelope. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically. You will no longer be able to use the UFDocuSign system to receive Documents electronically from us or to electronically sign Documents from us.

If you withdraw your consent, it will become effective only after a reasonable period of time has passed to allow us to process such request. If you elect to receive Documents only in paper format, your withdrawal of consent will have no legal effect on the validity or enforceability of any Documents provided to you in electronic form or electronically signed by you through UFDocuSign prior to the effective date of your withdrawal. Withdrawing your consent means you will be sent and sign Documents in paper form going forward.

To inform us that you no longer want to receive future Documents in electronic form you may:

- i. decline to sign a document from within your UFDocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent; or
- ii. send us an e-mail to UF-DocuSign@ufl.edu and in the body of such request state your

e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.

How to contact UF

You may contact us to let us know of changes to your electronic contact information, to request paper copies of certain information from us, and to withdraw your prior consent to receive Documents electronically as follows:

- To contact us by email send messages to: UF-DocuSign@ufl.edu
- To contact us by paper mail, please send correspondence to:

University of Florida Information Technology
Attn: UFDocuSign Service
P.O. Box 113359
Gainesville, FL 32611-3359

To advise UF of your new e-mail address

You agree to promptly update us regarding any change in your email address so that we may send Documents to you electronically, as needed. To let us know of a change in your e-mail address, you must send an email message to us at UF-DocuSign@ufl.edu and in the body of such request state: your previous e-mail address, your new e-mail address. You also agree to promptly update us regarding any change to your other contact information in the same manner described above.

In addition, you must notify UF to arrange for your new email address to be reflected in your UFDocuSign account by following the process for changing e-mail in the UFDocuSign system.

Recommended hardware and software

Operating Systems:	Most recent final release versions: Windows® and Mac OS®
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive Documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic Documents that we will provide to you, please verify that you were able to read this DISCLOSURE AND CONSENT TO USE ELECTRONIC DOCUMENTS AND SIGNATURES and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this DISCLOSURE AND CONSENT TO USE ELECTRONIC DOCUMENTS AND SIGNATURES to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this DISCLOSURE AND CONSENT TO USE ELECTRONIC DOCUMENTS AND SIGNATURES document; and
- I can print on paper the DISCLOSURE AND CONSENT TO USE ELECTRONIC DOCUMENTS AND SIGNATURES document or save or send it to a place where I can print it, for future reference and access; and
- I agree to the terms and conditions in this DISCLOSURE AND CONSENT TO USE ELECTRONIC DOCUMENTS AND SIGNATURES document; and
- Until or unless I notify UF as described above, I consent to receive exclusively through electronic means all Documents during the course of my relationship with UF under the terms and conditions set forth in this DISCLOSURE AND CONSENT TO USE ELECTRONIC DOCUMENTS AND SIGNATURES.