



Phone: 877-374-4991  
Fax: 228-396-3457  
Email: [info@coastalfamilyhealth.org](mailto:info@coastalfamilyhealth.org)  
Address: 10467 Corporate Drive,  
Gulfport, MS 39503  
[www.coastalfamilyhealth.org](http://www.coastalfamilyhealth.org)

## Student Shadowing Agreement

This Student Shadowing Agreement ("Agreement") is entered into by and between Coastal Family Health Center, Inc. ("CFHC"), a Federally Qualified Health Center, and St. Martin High School ("School") for the purpose of allowing eligible students to participate in a supervised, observational shadowing experience in accordance with HRSA and FTCA requirements.

### 1. Purpose and Regulatory Alignment

The purpose of this Agreement is to provide students with exposure to healthcare careers through observation only. This Agreement is structured to comply with Health Resources and Services Administration (HRSA) program expectations, the Federally Supported Health Centers Assistance Act (FSHCAA), and Federal Tort Claims Act (FTCA) risk management principles. Students are not considered providers, workforce members, volunteers, or covered individuals for FTCA purposes.

### 2. Scope of Shadowing Experience

Students may observe designated CFHC staff in non-invasive settings. Students shall not:

- Provide patient care or clinical services
- Independently access or use electronic health records
- Participate in hands-on procedures
- Make clinical decisions or recommendations

All observations will be structured to minimize risk and protect patient privacy.

### 3. Responsibilities of Coastal Family Health Center, Inc.

CFHC agrees to:

- Designate qualified staff to supervise students at all times.
- Ensure students are not held out as providers, volunteers, or staff.
- Provide orientation on safety, infection control, confidentiality, and conduct.
- Ensure compliance with HIPAA, HRSA program requirements, and FTCA risk management standards.
- Limit student access to patient care areas as appropriate.
- Retain the right to immediately terminate a student's participation for safety, privacy, or compliance concerns.

### 4. Responsibilities of St. Martin High School

The School agrees to:

- Verify student eligibility and appropriateness for a healthcare environment.
- Obtain written parental/guardian consent for participation.
- Maintain student accident/health insurance coverage.
- Educate students on confidentiality, professionalism, and behavioral expectations.
- Address and manage disciplinary actions related to student conduct.

5. **Responsibilities of the Student**

Students agree to:

- Comply with all CFHC policies and instructions.
- Maintain strict confidentiality and comply with HIPAA requirements.
- Wear appropriate professional attire and identification.
- Refrain from recording, photographing, or removing any patient or CFHC information.
- Immediately report safety concerns to supervising staff.

6. **Confidentiality and HIPAA Compliance**

Students must sign a confidentiality acknowledgment prior to participation. Students are not members of CFHC's workforce as defined by HIPAA and may only observe information incidental to their experience. Any breach of confidentiality may result in immediate removal and notification to the School.

7. **Liability, Risk Management, and FTCA Clarification**

Students are not deemed employees, contractors, volunteers, or covered individuals of CFHC for purposes of FTCA malpractice coverage. CFHC does not extend professional liability coverage to students. The School agrees to indemnify and hold harmless CFHC from claims arising from student acts or omissions, except as required by law.

8. **No Employment, Volunteer, or Training Relationship**

Nothing in this Agreement shall be construed to create an employment, volunteer, residency, internship, or training program relationship under HRSA or FTCA definitions.

9. **Term and Termination**

This Agreement is effective upon execution and remains in effect for one (1) year unless terminated earlier by either party with written notice. After one year, this agreement will automatically renew for successive one-year periods unless terminated by either party.

10. **Governing Law**

This Agreement shall be governed by the laws of the State of Mississippi.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the dates below.

Coastal Family Health Center, Inc.

By: [Signature]

Title: CEO

Date: 2/13/26

St. Martin High School

By: [Signature]

Title: CTE Director

Date: 3/20/26

**Mission Statement:**

Coastal Family Health Center strives to provide quality comprehensive patient-centered care to the community regardless of one's economic status.