

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
STUDENT PROFESSIONAL DEVELOPMENT PROGRAM (SPDP)**

**BETWEEN THE COUNTY OF LOS ANGELES**

**AND**

**[CONTRACTOR NAME]**

In consideration of my eligibility to participate in affiliated student professional development programs established by [CONTRACTOR NAME] and the Los Angeles County Department of Mental Health, I, [STUDENT NAME], hereby agree and consent to the following:

**ADHERENCE TO RULES AND REGULATIONS**

1. I acknowledge and agree that I will adhere to all policies, procedures, rules and regulations of any County of Los Angeles - Department of Mental Health facility in which I may receive training during my participation in such affiliated student professional development program. I agree to be bound by the policies and procedures established by [CONTRACTOR NAME] to resolve any disputes, including disciplinary actions, between myself and [CONTRACTOR NAME] or the County of Los Angeles - Department of Mental Health facility in which I may receive training pursuant to the affiliated student professional development program.

**RIGHTS OF MENTAL HEALTH FACILITIES**

2. I acknowledge and agree that the mental health facility in which I may receive training pursuant to the affiliated training program shall have the right to restrict or terminate my participation in the training program and/or to refuse to certify that I have successfully completed the training program. I understand that any such restriction, termination or refusal to certify shall be based upon my actions and performance during the training program and shall be taken in accordance with any and all relevant policies and procedures of such training program.

**AUTHORIZATION TO OBTAIN INFORMATION**

3. I authorize [CONTRACTOR NAME] and the mental health facility in which I may receive training pursuant to such a training program to consult at any time with the administration and members of the faculty of any County of Los Angeles - Department of Mental Health facility with which I have been

associated, who may have information bearing on my professional competence, character, physical and mental health status, ethics, and other qualifications, as may reasonably be related to eligibility to perform services in such training mental health facilities. I hereby possess qualifications, as may reasonably be related to my eligibility to perform services in such training mental health facilities. I hereby further consent to the release by the administration of [CONTRACTOR NAME] to County's Director of Mental Health or his designee of such records and documents relating to my education and training at [CONTRACTOR NAME] as may be material to an evaluation of my professional qualifications and competence for satisfactory participation in any such mental health facilities' student professional development programs pursuant to such a training program.

#### **CONFIDENTIALITY OF MEDICAL RECORDS AND PATIENT INFORMATION**

4. I understand and agree that medical records and patient information are confidential under the law, and that I will not release any such information. I agree to seek guidance should I have any questions about confidentiality.

#### **RELEASE FROM LIABILITY**

5. I hereby release from liability all employees, agents, and representatives of [CONTRACTOR NAME], County of Los Angeles, and any County of Los Angeles - Department of Mental Health facility in which I may receive training hereunder, including their respective professional staff and staff representatives, for their acts performed in good faith and without malice as an incident to any communication, action, proceeding, performance evaluation, certification, or review undertaken pursuant to this Agreement or otherwise related to my participation in such a training program. I further expressly agree that the above releases shall apply to any act, communication, report, recommendation, or disclosure; and with respect to the named parties in whose favor such releases are given, are intended to, and shall include, all their officers, employees, and agents; and that, in addition to the above specific releases, such parties shall be entitled, to the fullest extent permitted by law, to absolute immunity from liability arising from any such act, communication, report, recommendation, or other disclosure. In furtherance of the foregoing, I agree that, upon request of [CONTRACTOR NAME] or the mental health facility to which I may be assigned under such a training program, I will execute releases in accordance with the tenor and import of this Agreement in favor of any individual or organization specified herein.

I understand that my signature indicates that I have read, understood, and agreed to be bound by the foregoing and by any and all provisions of California Law applicable to the subject matter addressed herein.

\_\_\_\_\_  
NAME OF STUDENT (PRINTED)

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF STUDENT