

# Child Family Health International

## Code of Code of Conduct & Participation Agreement

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### CFHI CODE OF CONDUCT & PARTICIPATION AGREEMENT In-Person Programs

#### Instructions- PLEASE READ CAREFULLY:

1. Please read this entire Agreement carefully, initial where requested and provide signature and date at end of Agreement.
2. Note that this completed agreement is due either 90 days before your program start date or 72 hours after program acceptance if you are accepted less than 90 days before the program start-date..
3. If you have been specifically informed by your university or academic institution that you are not personally responsible for payment directly to CFHI, then please disregard Appendix B-“ Program Payment, Cancellation, Refund and Change Policies” and any mention of payment, refunds or fees in this Agreement.

#### Definition of Key Terms:

**Agreement** – This CFHI Code of Conduct & Participation Agreement.

**Deposit** – The non-refundable \$350 deposit due 60 days before the program start date.

**Final Balance** – The remaining portion of your Program fee, once non-refundable deposit has been made and 45 days before the program start date.

**Program** – The specific in-person Global Health Education Program in which you are enrolled and the specific set of dates for which you are enrolled.

**Program Partners** – Those affiliates of CFHI who reside full-time in the host country and who are directly contracted with CFHI to provide specific Program services.

**Program Site** – The specific city and country in which the Program takes place.

**Start/Arrival Date** – The start date is the day on which you are expected to arrive at your program site. Your arrival day is typically the same as your start date, though it may vary if you have made other arrangements with CFHI staff.

**Activities**- When used in relation to activities planned by CFHI participants for their free-time or weekends, Activities refer to any activity or excursion. Examples include but are not limited to swimming, snorkeling, hiking, overnight trips, cultural visits, etc.

## 1. Program Preparedness

I have carefully read the Program description and acceptance materials and understand that the information, terms, and conditions contained in these documents are incorporated in this Agreement. I attest that I will have fully completed and be familiar with the contents of the Pre-Departure Training Materials at least 30 days prior to my departure to my CFHI program site. I know that access instructions to my Pre-Departure Training are located within my CFHI online account. These training materials contain essential information that will be important at my Program Site including information about visas, immunizations, and more.

I realize that it is my responsibility to complete all forms truthfully and fully within my online account **no later than 45 days prior to my arrival date** and to follow all instructions regarding participation. Additionally, it is my responsibility to submit all payments by the deadlines indicated. I agree that I will be liable for late payments, as determined by CFHI, should I miss the payment deadlines, and I understand that failure to submit forms on time may result in failure to obtain certain services normally included in the Program.

I recognize that it is my responsibility to obtain a passport and any necessary visa(s) in a timely manner. I also recognize that it is my responsibility to contact the appropriate consulate or embassy regarding passport and visa requirements. CFHI is not responsible for any difficulties resulting from participants who fail to obtain passports or necessary visas for their CFHI program.

I understand that I must be fully vaccinated against COVID-19 in order to participate in a CFHI program. I understand that I may also be responsible for showing proof of other immunizations in order to participate in my program. I know that I can find this information in my CFHI Pre-Departure Training.

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I agree I will register with the US State Department Smart Traveler Program (<https://step.state.gov/step/>) within 30 days prior to my Program start date.

### **2. Professional Conduct During CFHI Program**

I agree to conduct myself professionally during the Program and to cooperate with the CFHI staff, Program Partners and my fellow participants. I understand that failure to do so may result in disciplinary action or expulsion from the Program at CFHI's sole discretion without refund of fees. Examples of unprofessional behavior which would predicate disciplinary action and/or expulsion include but are not limited to the following: Unapproved absence/s from scheduled activities such as rotations, tours, lectures, or meetings; rude or unprofessional behavior in clinic or at homestay; disrespectful behavior toward others; discrimination against fellow Program participants or others with regard to race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, physical or mental ability, veteran status, military obligations, and marital status; causing or participating in disruptive arguments during in the Program; any disruptive or excessive use of alcohol and/or substances; receiving external guests in CFHI lodging without prior explicit permission (please note that overnight guests are never allowed in any CFHI housing); or disregarding Program rules and regulations as they are given or explained to me by my local coordinators or other CFHI leadership. I understand that if I leave the Program early due to disciplinary expulsion, I will receive no refund from CFHI.

I understand that I will be subject to all local laws and regulations while abroad, and that it is strictly forbidden to engage in any illegal activities or to consume any illegal substances while participating in the Program. I also understand that I am not legally licensed to provide health or medical care of any type in my program country and that I may be subject to malpractice actions or other repercussions if I choose to do so. I understand that I do not receive any special legal protection or privilege as a participant of a CFHI program. I recognize that failure to adhere to this policy will result in immediate expulsion from the Program without refund of fees.

I understand that I cannot take photos in clinical or health settings, in particular of patients, their families, or children. I further understand that CFHI has a photography and social media ethics policy that I am responsible for following (see relevant appendix below).

I understand that as a visitor to my program location, as a trainee, and as someone who is not locally licensed to practice healthcare or medicine at my program location, my primary role in all health settings during my program will be that of an observer. I acknowledge I will not personally diagnose or medically treat patients. I will astutely observe any clinical activities. I also acknowledge that as a visiting trainee of any level, it is my responsibility to ensure that I am never directly responsible for diagnosis or treatment of patients, and I must never handle sharps or engage in any invasive procedures, even if I am trained in them or licensed to perform them in a different country. These rules are in place to respect local laws and regulations, and to protect my own health and safety and that of local patients and vulnerable community members. I understand that if I engage in these prohibited activities, even if I believe that a local healthcare worker on my program has invited me to do so, I will face disciplinary measures from CFHI, my home academic institution, or both, up to program expulsion. I understand that I may also face legal repercussions in my program country.

### **3. Health, Safety, & Security During CFHI Program**

I understand that health, safety, and recovery from emergency situations are the sole responsibilities of each individual participant. Should I become ill or incapacitated, I understand that CFHI will be limited to an advisory role with regard to any emergency medical services rendered. I know that I am expected to have my own comprehensive medical insurance policy and that although CFHI has facilitated my enrollment in Emergency Medical and Evacuation Insurance (unless my university has waived this enrollment), this insurance company will only be financially responsible for costs incurred in the case of a medical emergency according to the policy's terms and conditions. I understand that not all medical care and incidents will be covered under the policy provided by CFHI and I confirm that I will read and understand the policy inclusions and exclusions before I travel to my CFHI program. I understand that in compliance with Title IX, CFHI may not be able to contact me about certain crimes or incidents, or otherwise respond or act in certain cases, until I report a crime or incident directly to a CFHI representative; I further understand that CFHI may be compelled to report certain crimes or incidents to my home university after I report them to CFHI.

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I understand that even if CFHI has arranged my enrollment in Emergency Supplemental Medical Insurance, CFHI is not an agent of this company, cannot make decisions on their behalf, and can never be held financially responsible for expenses related to a medical or health emergency. I understand that I am ultimately financially responsible for my medical care and agree to pay any fees at the time of service as required.

I understand that listing of emergency contacts is required for participation in a CFHI program. In the event of an emergency or health issue, I understand that my emergency contacts may be contacted by CFHI and I authorize this contact to take place. I understand that CFHI may not be able to notify me before they communicate with my emergency contact and that CFHI is authorized to discuss my health, medical care, and treatment plan with my authorized emergency contacts.

I understand that traveling during darkness puts me at increased risk for injury and accidents. CFHI strongly recommends against any travel during darkness. I acknowledge my understanding of this increased risk and CFHI's recommendation to avoid travel when it is dark outside.

I understand that I am responsible for properly storing and locking my valuables within my Program accommodations. CFHI will not be responsible for loss or theft of items during my Program.

I understand that I may need to sign an additional release of liability forms for certain circumstances or activities that I choose to arrange and undertake during my CFHI program (such as early program termination, and others).

I agree that CFHI and/or its Program Partners may modify the Program (including dates, scheduled activities, and clinic assignments) if necessary. I also agree that such changes are not grounds for withdrawal from the Program, nor for any refund.

I recognize that CFHI is not responsible for airline arrangements, costs or change fees to and from the Program Site, even in the event of Program cancellation by CFHI. I understand that CFHI is not responsible for any expenses incurred while traveling and assumes no liability for any injury, damage, loss, or accident in any vehicle or for the actions of any persons engaged in conveying the passenger while traveling to or from the Program Site or while in the program country..

I understand that CFHI, its staff, and CFHI Program Partners are not responsible for circumstances beyond their control (including, but not limited to, acts of God, sickness, pandemics, war, strikes, government regulations) or for actions on the part of persons not controlled by CFHI, such as (but not limited to) educational institutions, medical personnel and clinic staff, host families, travel agencies, and hotels. I agree to exempt CFHI and its staff from all claims arising out of such actions or events and understand that no refunds will be issued on account of these actions or events.

#### **4. Extracurricular Activities/Free Time During CFHI Program:**

CFHI programs are educational in nature and the focus centers on the learning objectives and competencies of the program. CFHI therefore recommends that participants plan all overnight trips and excursions to take place before the CFHI program begins or after the program ends. In the case that participants elect to undertake activities or excursions during program dates, the following agreements are in place:

I understand that if my university or academic institution restricts or prohibits travel or any other leisure or free-time activities during my program dates at the CFHI program site, that I am solely responsible for understanding and strictly following the rules given to me by my home institution. CFHI is not responsible for enforcing rules or restrictions that my institution has shared with me, but CFHI will be obliged to report to my home institution in such cases that I do not adhere to the rules of my home institution. I understand that failure to adhere to rules given to me by my home institution may result in disciplinary measures up to program expulsion.

I understand that I must report all planned free time activities and excursions (including but not limited to: eco-tours, safaris, weekend trips, snorkeling, etc.) to the CFHI team per the mechanism shared with me by my on-site program leaders (this may be a physical log, an email, an online form, etc.). I understand that the CFHI team may recommend that I change my plans for safety reasons but that they are not obliged to advise me on the safety or advisability of my planned Activities. I understand that ultimately, I am solely responsible for making and following safe plans for free time Activities during my program dates.

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I know that I am not permitted to leave my program site without informing the on-site CFHI team via the mechanism they have requested and that I must provide all requested details to them about my planned Activities.

I understand that all Activities and excursions have inherent risks. I understand that I am solely responsible for informing myself of the specific risks and dangers associated with my planned Activities. CFHI is not responsible for reviewing my plans or advising me of specific risks associated with my planned Activities. Responsibility for my health and safety during such activities and excursions is solely and exclusively my own and not the responsibility of CFHI, even in the case that CFHI or its affiliates provide recommendations or other support or accompaniment during my Activities.

If I have requested or accepted recommendations or support from CFHI in planning my Activities or excursion (for example, tour companies or agencies, lodging, transportation, or others), I understand that I am not required to use these recommendations or operators and doing so is solely my own choice and responsibility. I willingly and independently incur any associated risks and costs.

I understand that there are many activities that may not be covered by travel insurance policies, such as undertaking any activity while under the influence of alcohol or controlled substances, riding motorcycles, and others. It is my responsibility to inform myself fully of my insurance coverage and exclusions and avoid risky behaviors and activities accordingly.

I understand that I am not permitted to miss scheduled CFHI program activities due to excursions or activities that I have planned for my free time. I know that I am responsible for participating fully in all scheduled CFHI program activities. I understand that disciplinary action can result from absences unrelated to injury or illness, or other valid reasons, from scheduled program activities.

I am aware that before I take part in any exercise, I should consult with my physician and that responsibility for doing so, and for periodically reviewing the status of my health with my physician, is solely and exclusively my own and not the responsibility of CFHI.

I hereby acknowledge that if I undertake activities or excursions during my free time within CFHI program dates, that I am solely responsible for the dangers and risks associated with my planned Activities. I agree to accept any and all risks of injury or death resulting directly or indirectly from my participation in said Activities. I agree that I, my assignees, heirs, distributees, guardians and legal representatives will not make any claim against, sue or attach the property of CFHI or any of its affiliated organizations, staff or partners for injury or damage resulting from the negligence or other acts howsoever caused, by any employee, agent, or contractor of CFHI or any of its affiliated organizations, staff or partners as a result of my participation in any such participation in Activities or use of any equipment related to such participation. I hereby release CFHI and any of its affiliated organizations, staff and partners from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians and legal representatives now have or may have or may hereafter have for any such injury or damage or death resulting from such participation in free time activities and excursions.

### **5. Use of my Name, Image/s, and Stories by CFHI**

I understand that CFHI may provide participant names and contact information to university/school advisors or related professional organizations for the purpose of program feedback and tracking. CFHI will never distribute contact information for commercial purposes.

I understand that CFHI will share my name and contact information with other CFHI participants traveling in my cohort prior to my program start-date, so that we may communicate with each other. I can choose to communicate or not communicate with other participants prior to my program start-date at my own discretion.

I hereby consent to the use of images and videos taken of me during CFHI Program activities, or shared by me with CFHI representatives, for marketing, promotion and substantially similar purposes.

### **6. Waiver and Release**

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It is my intent by executing this document to release CFHI from all liability, to the fullest extent allowed under California law. Should any portion or portions of this release be deemed to be unconstitutional or not within the confines of California Law, then I wish for each of the other provisions of this Agreement to remain in full force and effect. Further, in the event that any portion of this document shall be interpreted by an arbitrator, mediator, or court of law, then it shall be interpreted in light of my desire as expressed herein above, that it release CFHI from all liability to the fullest extent allowed under California law.

I shall indemnify and hold harmless CFHI and its agents for any financial obligation I incur personally, as well as for any damages, injuries, costs and expenses, including attorneys' fees and other legal expenses arising directly or indirectly from or in connection with (i) any negligent, reckless or intentionally wrongful act by me, (ii) any breach by me of any of the covenants contained in this Agreement, or (iii) any failure to the comply with all applicable laws, rules and regulations, while I am a participant in the CFHI Program. I agree to pay for any extra fees for accommodation arrangements or other services provided by Program Partners or affiliates I make outside my Program dates.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND CFHI AND/OR AFFILIATED ORGANIZATIONS AND SIGN IT ON MY OWN FREE WILL.

I further understand that this Agreement shall become effective upon acceptance of my application by CFHI, and that it shall be governed by the laws of the State of California.

**I have read, understood and agreed to all sections of this agreement.**

Initial \_\_\_\_\_

**Please read the all appendices below, initial after each appendix, and sign at the bottom of the document.**

### **Appendix A Program Safety Guidelines and Precautionary Measures for Students.**

#### **Alcohol Consumption and Illegal Drug Use Policy**

CFHI program participants are required to adhere to the highest standards of professionalism and respectful behavior while on CFHI programs. Participants' and community partners' safety, health and security are of utmost importance for the organization. Excessive/inappropriate alcohol use or illegal drug use obstructs participants' ability to adhere to our program standards and also endangers the health and safety of participants and others. In response, CFHI has the following Alcohol Consumption and Illegal Drug Use Policy.

**CFHI participants agree to conduct themselves professionally during the Program and to cooperate with the CFHI staff, Program Partners and fellow participants.** Participants indicate that they understand that failure to do so may result in disciplinary action or expulsion from the Program without refund of fees. Examples of unprofessional behavior which would predicate disciplinary action and/or expulsion include, but are not limited to the following: excessive absence from scheduled activities such as clinic, lectures or meetings; rude or unprofessional behavior in clinic or at homestay; disruptive arguments between participants in the program; **or illegal use of drugs or alcohol.** Participants understand that if they leave the Program early due to disciplinary expulsion, they will receive no refund from CFHI.

If participants engage in excessive, inappropriate, or illegal alcohol use or any illegal drug use, the local partner and/or coordinator is required to notify CFHI US Headquarters immediately. Such behavior considered to be excessive or inappropriate includes, but is not limited to, going to clinical or didactic activities intoxicated or with alcohol vapors on the breath, visible drunkenness, consuming alcohol at homestays, belligerence, or any behavior that appears to a reasonable person to be of potential harm to the participant or others. CFHI reserves the right to take appropriate action that may include Program expulsion, medical attention, and/or contacting emergency contacts.

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For the safety of themselves and others, as well as CFHI's organizational integrity, it is encouraged that students avoid alcohol or consume it in very limited quantities while in the foreign country. CFHI requires participants to abstain from any illegal drugs and to consider the strict, unforgiving legal ramifications of any drug use or possession in many host countries.

CFHI program participants should be aware that many supplemental insurance policies do not provide coverage for incidents that occur while using substances such as alcohol.

### **Safety/Emergency Policy Disclaimer**

CFHI and its partners operate according to the CFHI Safety/Emergency Procedures to enhance participant safety and to help them respond to emergency situations. Nothing in these procedures is a guarantee that any specific action will be taken in any given situation, nor is any statement in this document intended to sell a service to a prospective customer, nor to attempt to persuade any party to avail themselves of any program or service provided by CFHI. Health, safety, and recovery from emergency situations are the sole responsibilities of each individual participant.

### **In Times of National or International Political Conflict**

In the event of major civil or international unrest, coordinators and participants should monitor the U.S. Department of State Website ([www.state.gov](http://www.state.gov)). U.S. citizens should register and stay in touch with the American embassy or nearest consulate in their host country. International citizens should contact the embassies or consulates of their home countries. It is the participant's responsibility to contact the nearest embassy location to register. If you need to fax or send additional documentation in order to register, local coordinators will be available to assist you. CFHI will continue to stay in touch with all parties concerned as needed. CFHI will monitor the situation and try to determine if and when normal conditions will be restored or whether the situation requires that a program be suspended or canceled.

### **Fire Safety and Prevention Acknowledgement**

Fire safety and prevention educational materials are included in the CFHI Program Guide that is provided to each participant prior to departure, upon completed program enrollment. These guidelines are educational in nature and do not guarantee prevention of any harms. I understand that the health, safety, and recovery from emergency situations are the sole responsibilities of each individual participant.

### **CFHI Nondiscrimination Policy**

This policy applies to all CFHI employees, participants, members, clients, and contractors. CFHI maintains an environment free of all forms of unlawful discrimination. Furthermore CFHI affords equal opportunity without regard to race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, physical or mental ability, veteran status, military obligations, and marital status. This policy also applies to internal promotions, training, opportunities for advancement, terminations, outside vendors, members and customers, service clients, use of contractors and consultants, and dealings with the general public.

### **Sexual Harassment Policy**

CFHI is committed to providing a work and learning environment that is free of sexual harassment. All staff, program participants, contractors and preceptors have the right to work and learn in an environment free from all forms of discrimination and conduct which can be considered harassing, coercive, or disruptive, including sexual harassment. **Any CFHI participant** engaging in harassing conduct will be subject to discipline, ranging from a warning to expulsion from the program. Any CFHI participant experiencing sexual harassment is encouraged to report it immediately to any member of the CFHI team.

**What is sexual harassment?** Sexual harassment is defined as any unwanted physical, verbal or visual sexual advances, requests for sexual favors, and other sexually oriented conduct, including reference to appearance, clothing, sexual orientation, gender, etc. which is offensive or objectionable *to the recipient*, including, but not limited to: epithets, derogatory or suggestive comments, slurs or gestures and offensive posters, cartoons, pictures, or drawings. It is preferable to avoid commenting on appearance, gender, relationship status, parenthood status, sexual orientation, etc. For those in a CFHI leadership role, It is also preferable to avoid extending social or meal invitations to CFHI participants, unless the invitation is to ALL CFHI participants after first seeking permission from the CFHI Medical Director or Local Coordinator.

**When is conduct unwelcome or harassing?** Unwelcome sexual advances (either verbal or physical), requests for favors and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

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- the conduct has the purpose or effect of interfering with an individual's work or internship/program performance or creating an intimidating, hostile, or offensive work, teaching or learning environment
- submission to such conduct is either an explicit or implicit term or condition of employment, internship, or instruction (e.g., promotion, additional opportunities during the internship or program, additional training, timekeeping or overtime assignments)
- submission to or rejection of the conduct is used as a basis for making employment or instruction decisions (threat or act of dismissal from the internship/program, additional opportunities at the internship, negative or positive evaluation from the preceptor of the CFHI participant, etc.)

**What is *not* sexual harassment?** Sexual harassment does not refer to occasional compliments of a socially acceptable nature. Note that since social acceptability can vary significantly by culture, it is preferable to avoid commenting on appearance, clothing, partnership/relationship status, gender, parenthood status, sexual orientation, and marital status, and to avoid hugging or touching others unless such behavior is obviously welcome and desired. Sexual harassment refers to behavior that is not welcome, that is personally offensive, that debilitates morale or creates an intimidating or hostile environment, and that, therefore, interferes with work or learning effectiveness.

**What should you do if you are sexually harassed?** If you feel that you have been the recipient of sexually harassing behavior, report it immediately to the CFHI Medical Director, CFHI Local Coordinator or to CFHI Central Leadership team directly. It is preferable to make a complaint in writing, but you can accompany or follow up your written complaint with a verbal complaint.

*Your identity will be protected to the greatest extent possible and you will not be retaliated against for making a complaint.*

**What happens after a complaint is made?** Within one business day after a written complaint is received, a supervisor, or other person designated by the Executive Director, will investigate the complaint. The person will speak with possible witnesses and will speak with the person named in your complaint. *Your anonymity will be protected to the extent possible.*

Depending on the complexity of the investigation, you should be contacted within one week about the status of your complaint and whether action is being taken. To the extent possible, details about what actions are being taken will be shared with you.

**I have read, understood and initialed all clauses in Appendix A-“Safety Procedures and Precautionary Measures for Students” which includes CFHI’s Sexual Harassment Policy.**

Initial \_\_\_\_\_

### **Appendix B Program Payment, Cancellation, Refund and Change Policies**

#### **Payment Policy**

The \$350 deposit, which is applied toward the total cost of your Program, is due 60 days prior to the start of the Program. All application and deposit fees (\$350) are non-refundable. The final balance of the Program fee is due 45 days prior to the Program start date. If you are accepted into any Program within 45 days before the start date, all Program fees are due within 72 hours of acceptance, without exception.

#### **Cancellation and Refund Policy**

In the event of circumstances beyond our control, CFHI reserves the right to cancel any Program at any time at CFHI’s sole discretion. CFHI will not be held accountable for any airline, accommodation, travel or other charges incurred as a result of cancellation. CFHI also reserves the right to reject an enrolled participant at any time prior to departure, at its sole discretion. In the event that a Program is canceled, or if you have been rejected after all fees have been paid, you are only eligible for a refund of the final balance. In the case of a Program cancellation by CFHI, you may change your Program Site (depending on availability) and/or date if you wish. Any deposits or fees already paid may be applied to another CFHI Program to which you transfer within 12 months of the original start date of your Program. You will be responsible for additional fees associated with any other Programs (where applicable).

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The \$350 deposit is nonrefundable. If you cancel your Program for any reason, you must notify CFHI in writing via electronic mail (email [students@cfhi.org](mailto:students@cfhi.org)) with confirmation of receipt. If you cancel after payment of all Program fees but more than 30 days before the scheduled Program start date, you will be refunded the entire final balance amount. If you cancel after you have paid the full Program fees and less than 30 days (but not less than 15 days) before the scheduled Program start date, you may either 1) be charged 50% of the final balance, with the remainder refunded to you; or 2) have your Program fees transferred to another Program within 12 months of the original start date of the Program. If it is 14 days or less before your program start date you may either 1) be charged 80% of the final balance, with the remainder refunded to you; or 2) have your Program fees transferred to another Program within 12 months of the original start date of the Program. In either case, CFHI reserves the right to charge the participant 50% of the Program fees if significant Program costs are incurred to our Program Partners in preparation for your arrival.

Program fees are never transferable to other CFHI Program participants after a Program cancellation. In the case of a true family or health emergency, documentation of emergency must be provided to CFHI and CFHI will review refund requests that fall outside of the above policy on a case-by-case basis.

No portion of the Program fee is refundable after the Program start date. Nor is any portion of the Program fee transferable between services or aspects of the Program or services purchased outside the Program. No refunds will be issued for changed Program itineraries, modifications or other unforeseen events. Furthermore, you are not eligible for refunds based on unused portions of your Program, such as accommodations or language classes, or because of your inability to participate according to the scheduled itinerary.

CFHI reserves the right to expel a participant during a Program, should this be necessary, at its sole discretion. Unused portions of your Program due to expulsion are neither refundable nor transferable to other CFHI Program participants. Please note that CFHI will not be held responsible for any charges made by airlines or other agencies at any time.

**Personal Fundraising Page:** When utilizing the internal fundraising tool to raise Program fees, you must adhere to the Terms of Use. If for any reason you choose not to participate in a CFHI Program after you have created a fundraising page, funds raised through your page will be donated to CFHI for general use. These funds, even if they exceed the total Program fee amount, cannot be returned to donors, redirected for other use, or transferred to other enrolled participants. Absolutely no refunds will be granted for funds raised through your personal fundraising page.

### **Program Change Policy**

If you would like to change your Program date before you have paid your final balance, you may apply the \$350 deposit, to be used only as a deposit payment, to another CFHI Program scheduled within 12 months of the original Program start date, subject to space availability. You may transfer all fees paid to CFHI to another CFHI Program by changing your Program date more than 30 days in advance of the Program start date. If you change your Program date less than 30 days before the scheduled Program start date, we reserve the right to charge 50% of the entire Program fee, and you may apply 50% of the entire Program fee to a future scheduled Program within 12 months of your original Program start date, subject to space availability. You are responsible to pay the remaining final balance according to the payment schedule of your new Program. In the case of a true family or health emergency, documentation of emergency must be provided and CFHI will review your refund request on a case-by-case basis.

**I have read, understood and initialed all clauses in Appendix B-“ Program Payment, Cancellation, Refund and Change Policies.”**

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### **Appendix C CFHI Photo & Social Media Ethics Policy**

Child Family Health International (CFHI) reserves the right to use photographs and text (blogs, testimonials, etc.) related to a participant's' CFHI program whether they are submitted to CFHI or posted to the Internet. All CFHI participants are Global



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Ambassadors for Patient Safety (GAPS) and ethical, thoughtful global engagement that recognizes power and privilege, as well as presents individuals and communities in a strengths-based light.

By representing CFHI through social media outlets you acknowledge and will abide by our Photo and Social Media Ethics Policy, below:

### **Think Before You Share**

Often, what seems obvious in retrospect is not so obvious in the moment. When deciding what pictures/videos to share on social media, take into consideration who you are featuring, what you are featuring, and where you are. Keep in mind how you are representing yourself and CFHI. First and foremost, you are a guest in the country and community. Just as you would at home, think about how a local person would want their community portrayed. Consider what the impacts of sharing are.

Consider that when you initially arrive in an environment, your opinions might be different from when you leave. Do not post negative comments if possible and consider other outlets for expressing negative sentiments such as a journal or conversations with your CFHI team. If you are posting things that can be construed negatively, consider doing so after you have spent significant time in the community and can make sure your comments are warranted.

You are an ambassador for CFHI and the organizations you are engaging with and your social media engagement is not just raising awareness but also supporting our programs, organization, local projects, other affiliates (university, alumni, etc.), and in some cases an entire nation.

Keep posts appropriate and non-offensive. For example, do not post a picture or video of violent behavior. Also, do not take photos or video in clinical settings, and do not photograph or post patient encounters that reveal patient's faces or identities.

Some food for thought:

- Would you want someone taking a picture of you at a doctor's appointment?
- Would you want this picture to represent yourself or your community?

### **Photography in the Clinical Setting**

Unless you have gone through a formal process with CFHI to seek special written permission to take clinical photographs, do NOT take photographs of people in clinical settings (doing so will result in disciplinary action by CFHI and/or your academic institution; legal action by local regulatory entities is also possible). The potential risks to patients are high; those seeking medical care are in a state of vulnerability and all priorities should focus on patient well-being and safety. Even obtaining consent in a clinical setting presents a significant challenge, as power differentials between patient and provider (or student) can influence a patient's decision to agree to have their photo taken. There might also be cultural or social norms with which visitors are unfamiliar. In clinical settings, patients may be reluctant to say no to having their photograph taken because they fear it will jeopardize their access to needed healthcare. In clinical settings, focus any images on your teachers, co-participants, and yourself in a learning environment, rather than patients receiving care. Generally, even if you have sought and received formal written permission from CFHI to take photos of patients in a clinical setting for research purposes, the patients will need to be de-identified with blurring of faces or redaction of identifying markers (such as their eyes).

Consider reversing the roles: would it be appropriate if a stranger from a different country asked you to take your photo whilst undergoing a medical procedure? *Remember, "if you can't do it here, you shouldn't do it there."*

### **Permission**

Participants should always request verbal permission in the local language to take photos/recordings of people. Remember, CFHI participants should not take pictures of patients in clinical settings unless they have sought and received special permission to do so in writing from CFHI. All persons are entitled to say "no", to having their photograph taken, and we have the responsibility to respect their decision. In addition, realize that it is often difficult for people to say no to outsiders or people from wealthier places due to cultural practices as well as power and privilege dynamics.

When taking photos or videos of subjects, consider the potential vulnerability and victimization you may be portraying. Consider these questions: Do I have permission to use this photo? Does this moment really need to be shared? What message am I sending? Do the subjects want to be recognized? It is your duty to respect and uphold their anonymity, which may entail

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changing the subject/s name and/or exact location of where you are. Ask before mentioning their name and their situation to avoid anonymity problems. Finally, always respect and follow the rules, laws, and customs of the country and community.

The ethics of photography begin before a photograph is taken. Even if you don't plan to share a photograph, think through these considerations before taking a photo:

- Make sure all persons are aware you are taking a photo/video and has given permission
- If someone does not want you to take a picture or video, simply do not take it
- Respect the subject's privacy, no photos in the clinical setting of patients or children
- Do not take advantage of a person's situation for your own benefit. I.e., do not use somebody to promote yourself or CFHI

### **Situational Awareness**

Be aware of your surroundings and if you see the potential for harm for you or for anyone else, through obtaining a photo/video or by sharing it online, step away. Be aware of what's going on and refer back to 'Think before you share'.

Do not intrude on the subject's personal lives and use sensitivity and common sense to identify the appropriate time to take a photo/video and share it. When in doubt, refrain from photography that can be exploitative of underserved subjects.

For example:

- Do not take a picture during a medical procedure or any similar instances
- Do not put yourself in harm – Do not take a picture on a rooftop or out of a moving vehicle
- If a situation looks dangerous or unstable step away
- Do not take a photo during a moment of difficulty- for example, of family members expressing grief or sadness outside a hospital

### **Raising Awareness**

When you share and post a photo/video online, you aren't just sharing your experiences. Your engagement represents the experiences of your colleagues and community as well. It is important to show the truth to the best of your ability, which means minimal photo manipulation. What photo manipulation entails is adding or subtracting from the photo to enhance and or to misguide the audience. Filters are allowed if they do not mislead or drastically change the message.

It is also important to supply context to the image to inform the viewer. The description should be factual and true to the situation, as you know it. Ask for help if you are unaware. Do not over-exaggerate or make false statements to enhance or dramatize the photo and or video – keep it real.

For example:

- Do not Photoshop (add or subtract) objects or people in your picture
- Do not lie in your description to intensify your picture/video/message
- Use filters to help brighten or help make the picture clear, not to dramatically alter the photo

### **Cultural Sensitivity**

We must all be aware of the image we are projecting. Our photographs/videos/posts should not impose our culture on the communities we are trying to serve. Avoid posting photos which show host community members as victims or simply recipients of "help", lacking agency, etc.

For example:

- Avoid posting photos of a smiling foreign visitor surrounded by local children with their hands out
- Avoid depicting your role in heroic terms via photos or captions, we are engaging in these program to learn from the local community, not to perpetuate myths of saviorism

Here is a helpful resource with more food for thought on this topic: <https://www.radiaid.com/social-media-guide>

Remember, there are also many alternative ways to capture a moment that do not include photography and social media- these include writing an essay, a reflection paper, maintaining your professional journal, and meeting with a member of the CFHI local team to discuss questions and share experiences.

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If you are in doubt about any of these situations, please ask for help from CFHI- contact [students@cfhi.org](mailto:students@cfhi.org) with questions.

**I have read, understood and initialed all clauses in Appendix C- “Photo & Social Media Ethics Policy”.**

**Initial** \_\_\_\_\_

**The parties agree to be bound by California law in the interpretation of any disputes that arise hereunder, or as may arise as a result of the relationship between applicant and CFHI. Further, the forum for any such dispute shall be San Mateo County, California. This Agreement may be executed and delivered by facsimile signature.**

**I have read and understood the entirety of this 10-page document.** \_\_\_\_\_  
**Name (Please print)**

\_\_\_\_\_  
**Signature of CFHI Participant**

\_\_\_\_\_  
**Date**