

THE UNIVERSITY OF TEXAS AT SAN ANTONIO  
PROSPECTIVE AFFILIATION AGREEMENT

Agency / Facility Information Sheet

This information collected on this sheet will be used to complete a formal agreement with your institution.

Today's Date: 6/14/19

Agency Name: HILL COUNTRY SPINE & SPORT

Address: 635 STATE HWY 46 E SUITE 102 BOERNE, TX 78006

Phone Number: 830 336 4445

Email address: drdoyle@hillcountryss.com

1. Please briefly describe the scope of your facility/agency's work. Printed brochures or fact sheets explaining your organizational goals may be attached.  
WE ARE A CHIROPRACTIC, SPORTS MEDICINE, & REHAB FACILITY CATERING TO PEOPLE LOOKING FOR A CONSERVATIVE APPROACH TO HEALING THE BODY. WE OFFER, CHIROPRACTIC CARE, MASSAGE, AND SPORTS INJURY DIAGNOSIS AND REHABILITATION.
2. Indicate the most appropriate person(s) to contact within your facility/agency regarding internship possibilities.

Name DR. PATRICK DOYLE Title/Responsibility OWNER/CLINIC DOCTOR  
Phone # 830 336 4445 Office Address: 635 ST. HWY 46 E #102 BOERNE, TX 78006  
Email: drdoyle@hillcountryss.com Type of Company (LLC, Non-for Profit, etc.): LLC

3. Briefly describe the internship experiences available with your facility/agency.  
WE PROVIDE HIPAA COMPLIANT TRAINING TO HIGH SCHOOL AND COLLEGE INTERNS GIVING THEM THE CHANCE TO SAFELY LEARN THE FUNDAMENTALS OF SPORTS INJURY DIAGNOSIS AND REHAB.
4. Are there any restrictions to an internship that the student or university should be aware of? Will this be a paid position? RESTRICTIONS ARE CENTERED AROUND PROPER HIPAA COMPLIANCE AND PATIENT NEEDS AND DESIRES AS DETERMINED BY THE TREATING DOCTOR.
5. Is your organization a HIPPA covered agency? YES  NO
6. Do you require background checks for the interns? Yes  NO
7. Are you available for Fall 20 hrs/wk YES, Spring 20 hrs/wk YES, and Summer 30 hrs/wk YES?