

EuroMed Physician Assistant Supervising Physician Agreement

This Physician Assistant Supervising Physician Agreement is only valid for services performed at EuroMed, and must be signed by the supervising physician and the physician assistant and updated annually. The agreement must be kept on file at the practice site and made available to licensing boards on request.

A Physician Assistant (PA) may not perform health care tasks until the physician assistant has completed and signed a written agreement with a supervising physician pursuant to section 32-2531, subsection H, paragraph 4. The PA will take call – his or her mobile phone number displayed on prescription blanks and (if possible), business cards. All new initial prescriptions and form changes/updates shall be provided in writing, and discussed with the supervising physician weekly for possible inclusion into the written protocol.

The supervising physician is responsible for all aspects of the performance of the PA, whether or not the supervising physician actually pays the physician assistant a salary, and retains professional and legal responsibility for the care rendered by the physician assistant. The supervising physician is responsible for supervising the physician assistant and ensuring that the health care tasks performed by a physician assistant are within the physician assistant's scope of training and experience and have been properly delegated by the supervising physician. The PA agrees to obtain professional liability insurance with 1M/3M coverage, from his employer before he starts treating patients.

The physician assistant may provide any medical service that is delegated by the supervising physician if the service is within the physician assistant's skills and is within the supervising physician's skills (and scope of practice), and is supervised by the physician. The physician assistant should not follow instructions from any medical provider other than his or her supervising physician.

If the physician assistant is not confident or comfortable with treating a patient's condition, then he should immediately contact the supervising physician for specific treatment instructions or refer treatment to another practitioner who will be responsible for that patient's care.

The physician-physician assistant team must ensure that the physician assistant's scope of practice is identified and that the delegation of medical tasks is appropriate to the physician assistant's level of competence. The PA shall prescribe controlled substances in accordance to his or her DEA registration, and keep a log of schedule II or schedule III controlled substances for a monthly review, if applicable. The major scope of practice is outlined in source documents at <http://www.clinic24.org/clinic24-forms.html>, Medscape.com, UpToDate.com, and Epocrates.com. The scope of practice includes written form guidelines for new and established patient visits. Coding guidelines established by the Centers for Medicare & Medicaid Services, have been included in the source documents. All source documents, and websites' (listed above) diagnoses and treatment guidelines, should be followed appropriately.

The physician assistant shall not practice homeopathic and integrative medicine, nor facilitate in any way the practice of IPT (Insulin Potentiation Therapy) or chelation therapy.

The PA shall prescribe controlled substances in accordance to his or her DEA registration, and keep a log of schedule II or schedule III controlled substances for a monthly review, if applicable. If there is no log emailed monthly to the physician for review, it will be only because there were no schedule II or schedule III substances prescribed. The PA is solely responsible for emailing those logs to his or her physician supervisor, and for spelling out any concerns he or she has with those patients being prescribed to. If such a log was not kept nor emailed monthly to the supervising physician, then this supervising agreement becomes null and void and absolves the physician from present and future liability.



Supervision must be continuous but does not require the personal presence of the physician at the place where health care tasks are performed if the physician assistant can be easily in contact with the supervising physician by telecommunication. If the physician assistant practices in a location where a supervising physician is not routinely present, the physician assistant must meet in person or by telecommunication with a supervising physician at least once each week to ensure ongoing direction and oversight of the physician assistant's work.

It is the physicians assistants responsibility to call his or her supervisor once per week and to discuss the ongoing care of patients. If such a call does not take place, then this supervising agreement becomes null and void and absolves the physician from present and future liability.

To further the intent of this agreement, all of the physician's mobile and home telephone numbers have been given to the PA, and also sent by email. Additionally, the name(s) and phone numbers of covering physicians have also been provided.

The physician supervisor shall evaluate the physician assistant's performance by reviewing charts or cases weekly or monthly, via telephone calls, via visual telecommunication, or in person, those charts which the PA has identified as worthy of discussion.

This supervisory agreement is good for 30 days from todays date, giving the physician assistant ample time to gather adequate examples of case documentation and clinic forms, to bring to the supervising physician for review and to make alterations, adjustments, and corrections as deemed necessary.

 _____ Rick Shacket DO	<u>5-22-18</u> Date	 _____ Ivette Apodaca PA-C	<u>5/22/2018</u> Date
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