

# SUNY Upstate University Hospital

## Nurse Practitioner Collaborative Practice Agreement

This agreement sets forth the terms of the Collaborative Practice Agreement between \_\_\_\_\_ (nurse practitioner and specialty as listed on the State issued certificate) and \_\_\_\_\_ (name of collaborating physician and specialty if any) at Upstate University Hospital incorporated in the State of New York. This agreement shall take effect as of \_\_\_\_\_ (date).

### Introduction

\_\_\_\_\_ (NAME OF NURSE PRACTITIONER, NP) meets the qualifications and practice requirements as stated in Chapter 257 of the Laws of 1988 and Article 139 of the Education Law of New York State, holds a New York State license and is currently registered as a registered professional nurse in good standing, holds a certificate as a nurse practitioner pursuant to Sec. 6910 of the Education law and herein meets the requirement of maintaining a collaborative practice agreement with \_\_\_\_\_ (NAME OF COLLABORATOR, MD/DO) a duly licensed and currently registered physician in good standing under Article 131 of the New York State Education Law.

### I. Scope of Practice

The practice of a nurse practitioner may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures including prescribing medications for patients whose conditions fall within the authorized scope of the practice as identified on the college certificate. This privilege includes the prescribing of all controlled substances under a DEA number. The nurse practitioner may also diagnose and treat human responses to actual or potential health problems through such services as case finding, health counseling, health teaching, and provision of care supportive to or restorative of life and well-being. This practice will take place at Upstate University Hospital and its facilities.

The following exceptions to the certified scope of practice have been agreed upon by the undersigned parties (list exception(s)): \_\_\_\_\_.

### II. Practice Protocols

Approved Protocol Texts: <http://www.op.nysed.gov/prof/nurse/npapproved.htm>

The protocols used in this practice are contained in (name approved protocol text) \_\_\_\_\_ and in (cite location of any other protocols which are germane to this particular practice or indicate N/A) \_\_\_\_\_.

### III. Physician Consultation

The parties shall be available to each other for consultation either on site or by electronic access including but not limited to telephone, facsimile and email. Each party will cover for the other in

the absence of one of them or third parties may provide coverage so long as all parties are privileged at Upstate University Hospital to do so.

**IV. Record Review**

A representative sample of patient records shall be reviewed by the collaborating physician every three months to evaluate that the Nurse Practitioner’s practice is congruent with the above identified practice protocol documents and texts.

**V. Resolution of Disagreements**

Disagreement between \_\_\_\_\_(name of nurse practitioner) and \_\_\_\_\_(name of collaborating physician) regarding a patient's health management that falls within the scope of practice of both parties will be resolved by a consensus agreement in accordance with current medical and nursing peer literature consultation. In case of disagreements that cannot be resolved in this manner, \_\_\_\_\_ (name of collaborative physician's) opinion will prevail. In disagreements between the nurse practitioner and non-collaborating physicians, the collaborating physician’s opinion will prevail.

**VI. Alteration of Agreement**

The collaborative practice agreement shall be reviewed at least at each reappointment and may be amended in writing in a document signed by both parties and attached to the collaborative practice agreement.

**VII. Agreement**

Having read and understood the full contents of this document, the parties hereto agree to be bound by its terms.

**Nurse Practitioner:**

Printed Name\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

**Collaborating Physician:**

Printed Name\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_