

## **PHYSICIAN ASSISTANT SUPERVISORY AGREEMENT**

### **I. INTRODUCTION**

This is a practice agreement between \_\_\_\_\_ (physician assistant) and \_\_\_\_\_ (supervising physician) with its place of business at University Hospital.

### **II. PERFORMANCE OF MEDICAL SERVICES**

A physician assistant is considered a dependent practitioner working under the supervision of a licensed physician responsible for the actions of the physician assistant. The supervising physician may delegate to the physician assistant any medical procedures or tasks for which the physician assistant is appropriately trained and qualified to perform and that are routinely performed within the normal scope of the physician's practice.

### **III. SUPERVISION**

A physician assistant works under the supervision of a licensed physician who is responsible for the physician assistant's performance as well as the overall care of the patient. Such clinical supervision shall be continuous but shall not necessarily require the physical presence of the supervising physician at the time and place where the services are performed. The supervising physician can be off site, readily accessible by phone.

### **IV. ORDERS**

Written medical orders by a Physician Assistant are not required to be co-signed by an attending or their supervising physician. The supervising physician shall remain medically responsible for the medical services performed by the Physician Assistant.

### **V. CONSENT**

As supervising physician of the above Physician Assistant, I agree to accept full responsibility for the proper conduct and performance of the duties and acts authorized for the above while under my supervision.

**HAVING READ AND UNDERSTOOD THE FULL CONTENTS OF THIS DOCUMENT, THE PARTIES HERETO AGREE BE BOUND BY ITS TERMS.**

By: \_\_\_\_\_  
Physician Assistant Date

By: \_\_\_\_\_  
Designated Primary Supervising Physician Date