

PHYSICIAN ASSISTANT PRACTICE AGREEMENT
(Title 16, CCR, Section 1399.540)

This Practice Agreement has been developed through collaboration among physician(s) and physician assistant(s) in

_____ (name of physician or group), an Organized Health Care System (as defined in Business & Professions Code (BPC) §3501(j) and hereinafter referred to as the "Practice"), for the purpose of defining the medical services which each and every physician assistant ("PA") who executes this Practice Agreement is authorized to perform and to meet the statutory requirement set forth in BPC §3502.3.

Physician Assistant Name:	
Name of Physician Assistant training program:	
Date of Graduation from above training program:	
Physician Assistant License# granted by the state of California:	

1. Medical Services Authorized: Pursuant to BPC §3502, the PA is authorized to perform those medical services for which the PA has demonstrated competency through education, training, or experience, ***as specified in the delineation of privileges*** under physician supervision as provided in Section 3 of this Practice Agreement. Subject to the foregoing, the PA is further authorized to: (a) perform the medical functions set forth in BPC §3502.3(b); to supervise medical assistants pursuant to BPC §2069; (c) to provide care and sign forms under the workers' compensation program pursuant to Labor Code §3209.10; and (d) any other services or activities authorized under California law.

2. Ordering and Furnishing of Drugs and Devices: In compliance with State and Federal prescribing laws, the PA may order and furnish those drugs and devices, including schedule II through V controlled substances, as indicated by the patient's condition, the applicable standard of care, and in accordance with the PA's education, training, experience, and competency, ***as specified in the delineation of privileges*** under physician supervision as provided in Section 3 of this Practice Agreement. **The PA must have completed a Controlled Substance Education Course that meets the requirements of BPC §3502.1 and have a current DEA Registration.** The furnishing and ordering of schedule II drugs shall be only for those illnesses, injuries, and/or conditions for which the standard of care indicates the use of such schedule II drugs. The PA may dispense drugs and devices as provided for in BPC §4170 and request, sign, and receive drug samples as provided for in BPC §4061.

3. Physician Supervision: Any physician and surgeon of the Practice, who meets the definition of a supervising physician in BPC §3501(e), may provide supervision of a PA in the Practice acting under this Practice Agreement. A supervising physician need not be physically present while the PA provides medical services, but be available by telephone or other electronic means at the time the PA is providing medical services in the Practice. Supervision means that a physician and surgeon oversees and accepts responsibility for the activities of the PA.

4. Patient Care Policies and Procedure: PA shall consult with, and/or refer the patient to, a supervising physician or other healthcare professional when providing medical services to a patient which exceeds the PA's competency, education, training, or experience.

5. Physician Assistant Competency and Qualification Evaluation: Through a peer review process based on the standard of care, the Practice shall regularly evaluate the competency of a PA. The Practice may credential and privilege the PA to ensure that the PA has the qualifications, training, and experience, to perform the medical services, procedures, and drug and device ordering and furnishing authorized under this Practice Agreement.

6. Additional Provisions

Consultation Requirements: The physician assistant is required to always and immediately seek consultation on the following types of patients and situations (e.g., patient's failure to respond to therapy; physician assistant's uncertainty of diagnosis; patient's desire to see physician; any conditions which the physician assistant feels exceeds his/her ability to manage, etc.)

(List Types of Patients and Situations)

(List Types of Patients and Situations)

7. Practice Site: All approved **tasks as specified in the delineation of privileges** may be performed for care of patients in this office or clinic located at _____ and, in _____
(office/clinic address)

Torrance Memorial Medical Center 3330 Lomita Blvd., Torrance, CA 90505.

8. Emergency Transport and Backup: In a medical emergency, telephone the 911 operator to summon an ambulance.

The **Torrance Memorial Medical Center** emergency room at **310-325-9110**
(Name of Hospital) (Phone Number)

is to be notified that a patient with an emergency problem is being transported to them for immediate admission. Give the name of the admitting physician. Tell the ambulance crew where to take the patient and brief them on known and suspected health condition of the patient.

Notify _____ at _____ immediately.
(Name of Physician) (Phone Number/s))

9. Physician Assistant Declaration:

My signature below signifies that I fully understand the foregoing Practice Agreement, having received a copy of it for my possession and guidance, and agree to comply with its terms without reservations.

Physician Assistant Signature

Physician Assistant Name

Date

10. Review of Practice Agreement: This Practice Agreement shall be reviewed on a regular basis and updated by the Practice when warranted by a change in conditions or circumstances.

The physician(s) and PA(s) listed collaboratively approve this Practice Agreement governing the medical services of PAs in the Practice, on behalf of the Practice, and authorize the physicians on the staff of the Practice to supervise the PAs named effective as of the date signed by the PAs. The physicians named below authorizing this Practice Agreement may or may not also serve as a supervising physician of a PA. Signing this Practice Agreement does not mean the named physician(s) below is accepting responsibility for the medical services provided by the PAs named, rather any physician of the Practice, including a physician named below, would only accept responsibility for a specific PA if, and only during those times, they are serving as a supervising physician as set forth in Section 3 of this Practice Agreement.

11. Identified Supervising Physicians

Name	License#	Signature	Date