

# HEALTH FACILITY LETTERHEAD

(For additional clarification regarding what information is required in the Collaborative Agreement, please review the Collaborative Agreement Checklist available above this sample agreement at [pla.in.gov](http://pla.in.gov))

## PHYSICIAN ASSISTANT COLLABORATIVE AGREEMENT

(Agreement must be completely typed)

Under the collaboration with [name of Collaborating Physician], the physician assistant provides efficient, cost-effective, quality patient care in accordance with established rules and regulations defining the physician assistant's scope of practice. The physician assistant functions as an extension of the physician in diagnosing and treating patient conditions by performing tasks within the scope of the Collaborating Physician. The physician assistant may perform such tasks, which were traditionally performed by the physician, if that physician assistant has adequate orientation and has demonstrated competent performance.

Physician Assistant's name: Enter name of PA  
PA License Number: Enter Indiana license number (or indicate "applied")  
PA CSR Number: Enter Indiana CSR number (or indicate "applied")  
Address of Practice: Enter address where PA will be practicing  
Phone Number: Enter phone number of practice

List any additional practice addresses

Collaborating Physician's  
Name: Enter name of Collaborating Physician  
Physician's License Number: Enter physician's Indiana license number  
Address of Practice: Enter address where physician practices  
Phone Number: Enter phone number of practice

### **ROLE OF THE PHYSICIAN ASSISTANT:**

[Name of PA] is delegated to perform the following tasks and procedures that are within his/her education and training and the Collaborating Physician's scope of practice:

1. **Clinical Practice:** List tasks and/or procedures PA will perform. May not include prescribing, administering, or monitoring general anesthesia, regional anesthesia, or deep sedation. See IC 25-27.5-5-4(f) for rules on administering moderate sedation.
2. **Communication:** Maintain communication with referring physicians, ancillary departments, patients and families to ensure that services are rendered in a timely and

efficient manner. Act as liaison between the Collaborating Physician and ancillary staff to ensure quality of patient care.

3. **Documentation:** Obtain pertinent patient information for case management. Obtain procedure consent, complete pre procedure H&P's, complete consultations, and coordinate cases. Documentation is maintained in the patient's confidential medical record and entered into the appropriate database. Complete billing forms and appropriate documentation to send to the billing agency for the radiology practice.

4. **Professional Development:** Maintain continuing education requirements as required by NCCPA. Maintain knowledge of departmentally specific information systems and software. Participate in advanced practitioner, resident, student and fellow education including clinical management of patients, anatomy and physiology, disease process, new trends in their field, billing and coding, etc.

5. **Research:** Participate in research trials, consenting and maintaining confidential information in accordance with the IRB.

6. **Attendance and Reliability:** Meet the departmental attendance and tardiness policy standards. Manages time effectively. Regularly attends departmental meetings.

### **SPECIALTY CERTIFICATIONS**

[Name of PA] has successfully completed a two to four-year physician assistant training program approved by the Medical Licensing Board of Indiana. He/She is currently licensed by the Physician Assistant Committee and is currently certified by the National Commission on Certification of Physician Assistants. He/She also possesses a current BLS and ACLS certification.

### **SPECIFIC MANNER OF COLLABORATION**

The Collaborating Physician and/or Delegated Collaborating Physician shall provide the overall direction to the Physician Assistant. The PA shall seek consultation and direction from the Collaborating Physician and/or Delegated Collaborating Physicians when conditions or circumstances outside established protocols are encountered. The PA shall communicate directly findings of history and physical examinations.

May add additional information, including percentage of chart reviews.

### **PROTOCOL DEALING WITH EMERGENCIES**

The physician assistant will follow the procedure described below for dealing with emergencies: Specify what the P.A. will do in the event of a patient emergency.

#### **For example:**

"The physician assistant will follow the procedure described below for dealing with emergencies: The PA will immediately contact his/her Collaborating Physician and the rest of the staff to inform them of the situation. The PA will then carry out the

instructions given. If for some reason the Collaborating Physician cannot be reached, the PA will contact a Delegate Collaborating Physician and obtain instructions. Care may include, but is not limited to: vital signs, administration of oxygen, administration of medications, and initiation of advanced life support”

**DELEGATED PRESCRIPTIVE AUTHORITY**

**(ATTENTION! AS OF JULY 1, 2016, A LIST OF MEDICATIONS THAT THE PHYSICIAN ASSISTANT WILL BE PRESCRIBING IS NO LONGER REQUIRED IN THE AGREEMENT.)**

- May not include ophthalmic devices
- Indicate whether PA will/will not be prescribing medications
- Indicate whether PA will/will not be prescribing controlled substances

**PROTOCOLS FOR PRESCRIBING MEDICATIONS**

In prescribing medications, [Name of PA] will examine potential indications and contraindications of the medication, while noting any patient allergies, drug interactions, therapeutic alternatives, and the proper dosage for the patient. The PA will consult with her Collaborating Physician as needed on a case-by-case basis.

\_\_\_\_\_  
**Typed** name of PA

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Typed** name of Collaborating Physician

\_\_\_\_\_  
Date

**Have both sign and date agreement.**

**WE MUST RECEIVE ORIGINAL SIGNATURES, OR AUTHENTICATED ELECTRONIC SIGNATURES (ex. DocuSign) OF THE PA AND COLLABORATING PHYSICIAN.**