

DELEGATION OF SERVICES AGREEMENT

This Delegation of Services Agreement (DSA) is entered in between the following providers in order to fulfill the purposes set forth below:

Supervising Physician: _____, M.D./D.O.

and

Physician Assistant: _____, P.A./PA-C

Practice Locations:

All approved tasks may be performed for care of patients in the following clinics:

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- **Phoenix** Location: 8618 N. 35th Ave Phoenix, AZ 85051
- **Surprise** Location: 14827 W. Bell Road Surprise, AZ 85374

Purpose:

The purpose of this Agreement is to comply with the requirements of Title 32, Chapter 25, Article 3 of the Arizona Statute for Physician Assistants, hereinafter referred to as the “Physician Assistant State Laws & Regulations.” Section 32-2531 of the Physician Assistant Regulations states, in pertinent part, that the “PA may provide any medical service that is delegated by the supervising physician if the service is within the physician assistant's skills, is within the physician's scope of practice and is supervised by the physician.” In this DSA, the Supervising Physician hereby delegates the performance of certain medical services to PA. This Agreement shall set forth such requirements to be followed by Supervising Physician.

Supervision Required:

The physician assistant named above (hereinafter referred to as PA) will be supervised by a licensed physician (MD or DO) in accordance with the written supervisory guidelines required by Section 32-2531 of the Physician Assistant State Laws & Regulations. The supervision does not require the physician’s physical presence if the supervising physician is or can be in contact with the PA by telecommunication. The physician will exercise supervision over the PA and retain professional and legal responsibility for the care rendered by the PA.

Process of Evaluation:

The Supervising Physician shall review and countersign at least 5% of the PA's medical charts; however, a review and co-signature is required in *all* instances in which the PA prescribes Schedule II and III substances within seven days.

Authorized Services:

The PA is authorized by the Supervising Physician to perform all the tasks set forth in Section 32-3531 of the Statute, subject to the limitations and conditions described in this Agreement or established by Supervising Physician in any applicable protocols or otherwise. The PA is also authorized to perform certain surgical procedures as specified by Supervising Physician. The PA may only provide those medical services which he or she is competent to perform and which are consistent with PA's education, training and experience. The PA shall consult with Supervising Physician or another qualified health care practitioner regarding any task, procedure or diagnostic problem which PA determines exceeds his or her level of competence, or shall refer such cases to Supervising Physician or another appropriate practitioner. The PA is the agent of the Supervising Physician in the performance of all practice related activities, including the ordering of diagnostic, therapeutic and other medical services. These activities may include (but are not limited to):

- Taking histories and performing physical exams
- Ordering and performing diagnostic and therapeutic procedures
- Formulating a diagnostic impression
- Developing and implementing a treatment plan with appropriate prescriptions & devices
- Monitoring the effectiveness of therapeutic interventions
- Assisting in procedures
- Offering patient counseling and education
- Making referrals
- Interpreting laboratory, imaging & other diagnostic testing results
- Performing minor surgery (defined as those delegated invasive procedures which are consistent with the training and experience of the PA, are normally taught in PA programs, and that are approved by the board as falling within the PA scope of practice)
- Performing other health care tasks taught in courses of training approved by the board that are consistent with the training and experience of the PA and that are delegated by the supervising physician

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Emergency Transport: In case of a medical emergency, an ambulance or 911 must be called. The nearest Emergency Room is to be notified that a patient with an emergency problem is being transported to them for immediate admission. The ambulance crew must be notified as to the reason for admission and suspected health condition of the patient.

Drug Orders & Prescriptions:

The PA may transmit an order for a drug or device to a pharmacist verbally (including by telephone) or in writing on a patient's medical record or on a written drug order form authorized by the Supervising Physician, adherent to and agreed upon diagnosis and treatment guidelines. The PA agrees to utilize agreed upon care/procedures specifically authorized by the Supervising Physician and reference materials & protocols, such as the Physicians' Desk Reference (PDR), Tarascon Pharmacopoeia, or Epocrates.

The PA may prescribe Schedule II-V controlled medications and non-controlled medications. All prescription orders issued by the PA shall contain the name of the supervising physician. The PA must register with the Drug Enforcement Agency (DEA) when prescribing, dispensing, and administering controlled medications. A physician assistant may prescribe up to 30 days of Schedule II and III controlled substances if they pass the certifying examination of the NCCPA and have current DEA registration with matching authority. Schedules II and III are not refillable without written consent of the physician. Schedules IV and V may not be prescribed more than 5 times in a 6-month period for an individual patient. Prescription-only drugs shall not be prescribed, dispensed or refillable for a period exceeding 1 year.

Declaration:

My signature below signifies that I fully understand the foregoing Delegation of Services Agreement, which is to be updated annually, have received a copy of it for my possession and guidance, and agree to comply with its terms without reservations.

Date

Physician's Signature

Physician's Printed Name

Physician's License #

Date

Physician Assistant's Signature

Physician Assistant's Printed Name

Physician Assistant's License #