CHRISTUS Spohn Health System

Physician Sponsored Healthcare Professional Contracted by Physician
Supervising Physician's Agreement

As a member of a Medical Staff of CHRISTUS Spohn Health System, I request permission to have the Physician Sponsored Healthcare Professional (PSHP) identified below assist me in connection with my practice in accordance with the Medical Staff Bylaws, Credentials Policy and Procedure Manual and Rules and Regulations.

Name of Employed PSHP: _____Job Title:_____

This Supervising Physician Agreement is to be signed by physicians supervising a PSHP assisting in physician practice within CHRISTUS Spohn Health System. As supervising physician I agree to:

- Accept responsibility for the individual's performance of the practice prerogatives authorized for him or her while under my supervision
- Accept responsibility for the proper conduct of the individual within the hospital and for the correction and resolution of any problems that may arise
- Complete periodic evaluations of the quality of the individual's practice, and immediately report any concerns I may have related to such quality
- <u>Immediately notify the Human Resources Office in the event any of the following occur</u>:
    a. The employment status of the individual changes
    b. The individual's authorized scope of practice changes, or the individual is under investigation by a relevant licensing board, and/or any other certifying board or healthcare or licensing entity
    c. My professional liability insurance coverage is changed insofar as coverage of the acts of the individual is concerned

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Supervising Physician Signature	Printed Name	Date
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