



Allied Health Practitioner Practice Agreement

Allied Health Practitioner Name: _____

Name of Primary Collaborating Physician: _____

Name of Alternative Collaborating Physician: _____

Name of Alternative Collaborating Physician: _____

Name of Alternative Collaborating Physician: _____

**All hospital-based Allied Health Practitioner's will refer to their departmental policy/protocol for additional requirements.*

Allied Health Practitioner and each Physician signing this Agreement have read and agree to adhere to all of the requirements set forth in the Allied Health and Medical Staff Collaboration Policy ("Policy") and agree to adhere to the Policy and any additional limitations set forth below.

- No Further Restrictions
- Physician & Allied Health Practitioner agree to specific practice restrictions as follows:

All Physicians signing this agreement agree to be available in person or by direct telecommunication at the number above to the Allied Health Practitioner to ensure that appropriate physician consultation is available to the Allied Health Practitioner at all times that the Allied Health Practitioner is engaged in clinical activities.

The Physicians and Allied Health Practitioner acknowledge that each has separate accountability of his/her own scope of practice, compliance with Hurley Medical Center, as well as Professional Staff Bylaws, Policies and Procedures, Rules and Regulations. Both parties are responsible for the welfare and safety of the patient.

The Physicians and Allied Health Practitioner are responsible and accountable for performing in accordance with this Agreement and within their distinct scope of practice as defined in the Michigan Public Health Code, as well as all Hurley Medical Center and Professional Staff Bylaws, Policies and Procedures and Rules and Regulations and their specific delineation of privileges. The individuals signing this agreement acknowledge that failure to follow these requirements could result in disciplinary action by the Hurley Medical Center Professional Staff and applicable Michigan Licensing Body.

If either party, for any reason, wishes to terminate this agreement, a thirty (30) day written notice shall be submitted by the party informing the other party of their intentions to terminate, providing a copy to the Medical Staff Office.



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By signing below, each individual acknowledges reading, understanding and accepting the terms set forth in this Agreement.

Allied Health Practitioner's Signature: _____ Date: _____

Primary Collaborating Physician Signature: _____ Date: _____

Alternate Physician Signature: _____ Date: _____

Alternate Physician Signature: _____ Date: _____

Alternate Physician Signature: _____ Date: _____