



IPA Credentials Application - Physician's Rights Agreement

1. I acknowledge that the agreements, authorizations, and releases set forth in this document are express conditions to my application for membership in JPG.
2. I acknowledge that JPG membership/IPA participation is not a right of every licensed professional who submits an application and that my application will be evaluated in accordance with prescribed procedures defined in JPG bylaws, rules, and regulations.
3. I acknowledge that I, as an applicant for JPG membership and IPA participation, have the sole burden of producing adequate information for a proper evaluation of my professional, ethical, health or other qualifications and for resolving any doubts about such qualifications, and that my application will not be processed if I fail to provide or obtain any necessary information required. I agree to any requested interviews about my application.
4. I fully understand that any incorrect or misleading information or any omissions (intentional or otherwise) from my application for membership may constitute cause for denial.
5. I have the right to be informed of the status of my application upon request.
6. I have the right to review information obtained by Jefferson Physician Group. As a Provider for the JPG IPA, I may review my file at the JPG office at any time with a scheduled appointment.
7. I certify that, if accepted for membership, I agree to abide by the bylaws, rules and regulations of JPG as now written and as maybe amended from time to time.
8. If accepted for membership I agree to:
 - a. Provide continuous care for all my patients either by personally caring for the patients or by arranging coverage.
 - b. Refrain from delegating responsibility for diagnoses or care of patients to any person or practitioner who is not qualified to undertake this responsibility or who is not adequately supervised.
 - c. Notify JPG's Credentialing Department of any of the following circumstances within 15 days of my receipt of written or verbal notice of the same:
 - I. Reduction, suspension, limitation, revocation, voluntary or involuntary relinquishment or diminishment of my staff status or privileges at any hospital or healthcare facility, excluding suspension of clinical privileges for less than 30 days based upon failure to complete medical charts.
 - II. Reduction, suspension, limitation, cancellation or any diminishment of my professional license, my DEA certificate, or any other certificate or permit to prescribe or administer controlled substances; and
 - III. Commencement of a formal investigation or the filing of charges by any law enforcement agency or health regulatory agency, excluding (a) traffic offenses that do not involve allegations of driving while intoxicated or under the influence and (b) inquiry letters received by the Texas Medical Foundation or other peer review organizations.
 - IV. Notify JPG's Credentialing Department of the filing of a civil suit against me alleging professional liability within 60 days of my receipt of written or verbal notice of same.
 - V. Report any changes in my physical or mental health that could potentially affect my ability to safely and appropriately exercise all or any of the privileges requested within 15 days of any such change. I also agree to submit to an examination acceptable to JPG or any committee responsible for evaluating my credentials should such examination be considered necessary in their sole discretion.

Name _____ Address _____

Signature _____ Date _____