

CONTRACT IN REGARD TO MEDICAL PRACTICE BY CLINICAL FACULTY MEMBERS OF THE CARVER COLLEGE OF MEDICINE OF THE UNIVERSITY OF IOWA

As a part of the contract with the Board of Regents, State of Iowa by which I have been appointed as a member of the faculty of the Carver College of Medicine at the University of Iowa and will engage in medical practice, I hereby agree with the Board of Regents, State of Iowa that my medical practice shall be upon the following basis:

1

That my teaching in the Carver College of Medicine and my duties at University of Iowa Hospitals and Clinics for the care of indigent as well as private patients as required by the Dean of the Carver College of Medicine, the University of Iowa Physicians (UIP) Board, and my department or program shall have first call upon my services.

2

That my clinical practice shall be limited to intramural and extramural Carver College of Medicine-sponsored programs.

3

That I will follow the Patient Care Policy of the Carver College of Medicine UIP by providing personal and identifiable services to all patients for whom I am responsible. That my activities in the practice of medicine hereunder will be covered by the professional liability protection provided by the Carver College of Medicine (UIP) and I agree to fully cooperate with any claims suits or other proceeding. The Attorney General's Office, in accordance with Iowa law Chapter 669, has the authority to refuse to defend and indemnify any state employee who fails to cooperate in the investigation and defense of any claim and also has the authority to seek restitution from the employee.

4

That I will participate in the Carver College of Medicine UIP and the implementation thereof, and will fully account for all fees received by me from practice and deposit the same as a part of said Plan to be administered and distributed according to the terms thereof, and that only such amount of money as is distributed to me under such Plan will be my own funds from my practice.

The terms and provisions of the University of Iowa Carver College of Medicine UIP as the same now exists and as it may be amended from time to time are incorporated into this contract, and by this reference made a part hereof as if set forth in full herein.

That I agree to abide by the terms, provision, bylaws and policies of the UIP and the University of Iowa Carver College of Medicine, and University of Iowa Hospitals and Clinics..

5.

That I will provide no less than 8 weeks prior notice of my intent to terminate my employment with the University of Iowa Carver College of Medicine by written notice to the DEO and CMO of UIP.

6

That I understand it is the University of Iowa Carver College of Medicine policy to withhold terminal vacation pay until such time as the requisite clinical care documentation has been completed and by signing below, I hereby give the University authority to withhold such payment until all separation policy obligations are fulfilled.

Policy on Separation Obligations:

Upon determination of the effective date of separation from the UIP, the Employee must observe the following procedures:

- Employee shall continue to perform assigned duties prior to the effective date of separation at the discretion of the DEO.
- During this period, ending on the effective date of Separation, Employee shall maintain regular office hours, provide appropriate aftercare to patients and complete all necessary records relating to Employee's services.
- Call Schedule: Employee shall remain subject to the coverage requirements of this Agreement until the effective date of separation.
- Documentation:
 1. It is the expectation of all participating members in UIP that patient visits be entered into the medical record within 24 hours of a visit and that all billing and documentation be completed by 7 days. It is the expectation by UIP that discharge summaries be completed at discharge and signed by faculty within 24 hours.
 2. It is no longer possible to continue electronic medical record access after ending an appointment with the University.

Date at Iowa City, Iowa, the _____ day of _____, _____.

XXXXXXXXXXXX, M.D.

DEO signature

Signature UIP