

PRESCRIPTIVE AUTHORITY COLLABORATIVE PRACTICE AGREEMENT

QUALITY ASSURANCE AND IMPROVEMENT RECORD

We, the undersigned parties, met and have undertaken the following quality assurance and improvement measures:

- Chart Review: _____(number) of charts reviewed, as agreed upon by the parties below
- Discussed patient treatment and care.
- Discussed any needed changes in patient care plans.
- Discussed issues related to referrals, if any.
- Discussed issues related patient care improvement, if any.

As a result of this meeting: (Select one)

- No changes in clinical practice were identified.
- Changes in clinical practice were identified. Describe changes to clinical practice, patient care, and/or processes that were identified and implemented.

The meeting was conducted: (Select one)

- Face-to-face
- Remote electronic communications system

Advanced Practice Professional

Physician

Date: _____

(This form should be completed at *each* Quality Assurance meeting. *See, Prescriptive Authority Agreement, Paragraph 9.* Maintain this record at APP's Practice Location for 4 years.)