CLINICAL APPOINTMENT CONTRACT

PHYSICAL THERAPIST

PHYSICAL THERAPIST:

ACADEMIC RANK:

TENURE STATUS:

DEPARTMENT:

COMMENCEMENT DATE:

CONTRACT END DATE:

THIS CLINICAL APPOINTMENT CONTRACT ("Agreement") is made and entered into by the University of North Texas Health Science Center, a Texas state institution of higher education (“UNTHSC”), and by Physical Therapist, effective upon date of last signature below and contingent upon faculty appointment.

RECITALS

A. UNTHSC’s Clinical Practice Group (“UNT|Health”) is the medical service, research, and development plan of UNTHSC organized for the purposes of providing health care services and advancing the mission of UNTHSC, and its Texas College of Osteopathic Medicine, School of Health Professions, and Department of Physical Therapist Studies.

B. UNTHSC desires to employ Physical Therapist to provide administrative and professional medical services, teaching, and related services for and on behalf of UNTHSC, and Physical Therapist desires to accept employment with UNTHSC under the terms and conditions of this Agreement.

AGREEMENT

# Employment of Physical Therapist

. UNTHSC hereby employs Physical Therapist, and Physical Therapist hereby accepts employment with UNTHSC, upon Physical Therapist’s faculty appointment or re-appointment and in accordance with the terms and conditions set forth herein. Physical Therapist’s faculty appointment is a condition precedent to this Agreement, and neither Physical Therapist’s employment nor this Agreement shall become effective prior to such appointment. While this Agreement may be executed and effective on a different date, the date on which employment of Physical Therapist will begin is the Commencement Date set forth above. During the term of Physical Therapist’s employment, Physical Therapist agrees to comply with federal and state laws, regulations, and rules, UNT System Board of Regents Rules, and UNTHSC policies, including without limitation, the Faculty Bylaws and the Code of Ethics and Standards of Conduct.

# Duties of and Services by Physical Therapist

. Physical Therapist will be an employee of UNTHSC in providing professional medical services to patients of UNT|Health and providing teaching faculty services to students of UNTHSC (collectively “Services”). Specific Service duties, responsibilities, performance expectations, and objectives will be established and evaluated in the UNTHSC faculty performance evaluation process. Initial Full-Time Equivalency (“FTE”) assignment to general areas of Service is set forth in Attachment A to this Agreement.

## Employment Status

. Physical Therapist, full-time or part-time, will perform Services and devote such professional efforts as may be required by and in accordance with Texas law and applicable UNTHSC faculty/personnel policies, faculty bylaws, and UNT|Health Bylaws. Except as provided in Section 4 below, Physical Therapist will devote Physical Therapist’s full professional efforts to performance of the Services and the affairs of UNTHSC and UNT|Health.

## Performance of Services

. Physical Therapist's Services will be performed at such times and places in Tarrant County, Texas and surrounding areas as may be reasonably designated from time to time by UNTHSC after consultation with Physical Therapist. UNTHSC shall notify Physical Therapist reasonably in advance of the times and dates of Services to be provided by Physical Therapist, along with the clinical location for the provision of such Services, as may from time to time be designated during the term of this Agreement.

## Administrative Positions

. Physical Therapists with administrative rank (such as chairman and director) serve in such administrative positions at the sole discretion of UNTHSC and may be removed from their position at any time without cause.

# Training and Supervision

. If Physical Therapist's duties include training or supervision of any physical therapy students, Physical Therapist will provide such training or supervision in a manner consistent with CAPTE standards, federal and state reimbursement rules and other rules, the bylaws and program requirements of the applicable training institutions, and the applicable policies of UNTHSC. Physical Therapist will not enter into any training or supervisory relationships without the prior written approval of UNTHSC and the institution where such training is to occur.

# Outside Activities

. Physical Therapist is expected to confine Physical Therapist’s professional activities related to the clinical practice of medicine to the activities endorsed or assigned by UNT|Health. The professional liability insurance coverage provided by UNTHSC is intended as coverage for assigned activities performed for UNTHSC and UNT|Health and will not cover activities performed outside the course and scope of employment with UNTHSC. Physical Therapist will not provide Services in any capacity of a professional or commercial nature to, or for any person or firm, or engage in any other activity that is competitive with or adverse to the business of UNT|Health. Outside activities and employment, if any, must be approved in accordance with UNTHSC policies related to outside employment and UNT|Health Bylaws.

# Revenues from Physical Therapist's Services

. Physical Therapist agrees to comply with UNT|Health Bylaws, including the assignment to UNTHSC of all professional fees for Services rendered pursuant to this Agreement. UNT|Health will determine the fees to be charged for the professional Services rendered on behalf of UNT|Health by Physical Therapist. All revenues generated by Physical Therapist for Services hereunder shall belong to UNTHSC, whether paid directly to UNT|Health or Physical Therapist, and Physical Therapist hereby assigns to UNTHSC the right to receive all such payments or collections. UNTHSC shall bill and collect for all professional Services provided by Physical Therapist hereunder, and Physical Therapist appoints UNTHSC agent and attorney-in-fact for collecting the revenues from such Services. Physical Therapist agrees, upon request by UNTHSC, to render an accounting of all transactions relating to practice as a Physical Therapist during the course of employment hereunder. Physical Therapist shall not, under any circumstances, seek compensation directly from patients or third party payers for Services provided hereunder, but shall look solely to UNTHSC for payment for such Services. Physical Therapist will cooperate with UNT|Health in executing all certifications, forms and other instruments necessary to ensure such revenues are paid to UNTHSC.

# Licensure

. As a condition to commencement of employment and as a continuing condition to employment, Physical Therapist agrees that at all times during the term of this Agreement, Physical Therapist shall: (a) obtain, on or before the Commencement Date, and maintain a valid and unrestricted license to practice physical therapy in the State of Texas; (b) comply with and provide professional Services in accordance with applicable law, the ethical standards of the medical profession, and the requirements of any accrediting bodies which may have jurisdiction or authority over UNTHSC or any facility at which Physical Therapist regularly performs Services on behalf of UNTHSC; (c) maintain status as a Medicare and Texas Medical Assistance (Medicaid) provider Physical Therapist; (d) maintain the status of a provider Physical Therapist under the health insurance/managed care plans in which UNTHSC participates; and (e) comply with all applicable policies and procedures as may be established from time to time by UNTHSC. Physical Therapist shall promptly inform UNTHSC of any restriction, limitation, or modification of Physical Therapist's medical licensure, certification, credentials, status as a Medicare or Medicaid provider Physical Therapist, or otherwise on Physical Therapist’s ability to render medical Services arising during the term of Physical Therapist's employment.

# Compensation

.

## Total Base Compensation

. For and in consideration of the continued satisfactory performance of Services and the covenants agreed and entered into by Physical Therapist, UNTHSC will pay to Physical Therapist the Total Base Compensation more particularly described in Attachment A to this Agreement, payable on a monthly basis through UNTHSC’s payroll system through the annual term of this Agreement, subject to such withholdings as may be required by applicable federal, state, or local laws, or as authorized by Physical Therapist, and prorated for partial years or months during the term of this Agreement. Provided, however, during the term of this Agreement, Total Base Compensation shall be subject to adjustment in accordance with the UNTHSC Faculty Compensation Plan in order to address a change in Physical Therapist’s duties, responsibilities, accomplishments, and/or clinical productivity. Any increase or decrease in Total Base Compensation shall be evidenced by a duly executed Faculty Contract Compensation Worksheet and payroll authorization. In the event of any conflict between this Agreement and the payroll authorization, the payroll authorization shall control.

## Incentive Compensation

. For and in consideration of the continued satisfactory performance of Services, the covenants agreed and entered into by Physical Therapist, and exemplary contributions by Physical Therapist, UNTHSC will pay to Physical Therapist the Incentive Compensation, if any, earned and payable in accordance with the UNTHSC Faculty Compensation Plan in effect on the Effective Date of this Agreement.

# Benefits

. Physical Therapist will be provided those benefits regularly provided to similar employees in accordance with state law and UNTHSC policies, including without limitation, vacation, sick leave, holidays, health and dental insurance, and contributions to retirement. Physical Therapist is required by state law to contribute to Physical Therapist’s retirement account each month through payroll withholding. Physical Therapist will be entitled to five (5) days of educational leave per fiscal year at a time that is mutually agreeable between Physical Therapist and Physical Therapist’s department chair. Physical Therapist may be provided reimbursement up to $2,500 per fiscal year for professional expenses as approved by Physical Therapist’s department chair, which may include travel and registration fees for continuing education, professional license fees, professional organization fees, professional books and journals, and other business related periodicals. Benefits may be changed from time to time as mandated by the State of Texas or as determined by UNTHSC policy.

# Professional Liability Insurance

. For and in consideration of Physical Therapist's performance of Services under this Agreement, UNTHSC agrees to obtain (or arrange for) and maintain professional liability insurance either through a commercial professional liability policy or a professional liability self-insurance plan for Physical Therapist in minimum coverage amounts deemed commercially reasonable by UNTHSC. Physical Therapist shall notify UNTHSC immediately upon Physical Therapist's receipt of notice of a potential professional liability claim against Physical Therapist. Physical Therapist agrees to actively participate in the risk management activities of UNTHSC. UNTHSC has, after conferring with Physical Therapist, the sole right and responsibility to defend, settle, compromise, and otherwise handle the defense of a claim and any other action when Physical Therapist's insurance coverage is provided by UNTHSC. The nature and terms of insurance or self-insurance coverage will be determined according to standard UNTHSC policies as in effect from time to time. This Section 9 shall survive any termination of this Agreement.

# Working Facilities

. Physical Therapist will be furnished by UNTHSC with such facilities, equipment, supplies, and administrative and professional personnel as UNTHSC determines is needed for the performance of Physical Therapist's professional duties and other Services hereunder.

# Confidentiality of Information

.

## Confidential Information

. During the term of Physical Therapist’s employment, Physical Therapist will have access to, use, and, in Physical Therapist's capacity as an employee of UNTHSC, benefit from confidential, proprietary and trade secret material and information of UNTHSC and other parties provided by UNTHSC (collectively "Confidential Information"). Physical Therapist agrees to keep confidential and not to disclose to others at any time; except as expressly required to perform Physical Therapist’s duties hereunder, in writing by UNTHSC or by law; Confidential Information or confidential or proprietary information of UNTHSC, other employees and contractors, or any matter or information obtained in the course of employment the use or disclosure of which would be contrary to the best interests of UNTHSC, their officers, directors, employees, contractors and affiliates. Physical Therapist further agrees that during the term of Physical Therapist’s employment and as of the date of termination of this Agreement, Physical Therapist will neither take nor retain, without the prior written consent of UNTHSC, any Confidential Information of any kind in any form.

## Medical Records and Information

. Any medical records, data, histories, charts, x-rays, imaging materials, pathology slides, patient lists, fee books, patient records, files, or other documents, materials, or copies thereof in any form, or other confidential information of any kind pertaining to Physical Therapist's medical Services activities shall be the property of UNTHSC, as the case may be; subject to applicable rules and regulations regarding the practice of medicine or national, Texas or local canons of ethics. Physical Therapist acknowledges and recognizes UNTHSC may inspect these patient medical records wherever situated for any purpose, including for utilization and peer review. Further, UNTHSC has the right to access utilization review data from managed care plans in which you are a health care provider. If, however, upon termination of this Agreement for any reason, a patient shall so require or the Board of Directors of UNT|Health nevertheless considers it appropriate, all in accordance with applicable law affecting patient medical information and records, Physical Therapist shall be furnished a copy of the appropriate documents related to the patient then in the possession and control of UNTHSC. Any expenses of duplicating such documents shall be paid by Physical Therapist (but shall not exceed the reasonable fees for reproduction of such records as set forth by TMB rules).

## UNTHSC Information Policies

. In addition to the provisions of Subsections 11(a) and 11(b) above, Physical Therapist agrees to observe specific policies adopted by UNTHSC from time to time related to the protection of confidential and privileged information. These policies may include, for example, policies related to the use or further disclosure of any protected health information under applicable federal and Texas laws, including without limitation, the Health Insurance Portability and Accountability Act of 1996 (as amended by the Health Information Technology for Economic and Clinical Health Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 ("HITECH")) and the regulations promulgated thereunder as set forth in the Code of Federal Regulations at Title 45, Part 160, Part 162 and Part 164, and other applicable laws (collectively "HIPAA").

# Term of this Agreement

. The employment relationship established by this Agreement will begin on the Commencement Date and shall continue in force and effect for a period of twelve (12) months thereafter, unless sooner terminated as provided in Subsections 14(a), 14(b), or 14(c) below.

# Renewal and Extension

. Unless this Agreement or Physical Therapist’s employment is otherwise terminated, Physical Therapist’s employment shall be renewed and extended upon Physical Therapist’s re-appointment in accordance with applicable UNTHSC policies and bylaws. The parties shall enter into and sign a new contract establishing the physical therapist’s renewed appointment. Physical Therapist’s employment shall not be renewed and extended if: (a) Physical Therapist provides to UNTHSC written notice of non-renewal no less than ninety (90) days prior to the end of the term of this Agreement; or (b) UNTHSC provides to Physical Therapist written notice of non-renewal in accordance with applicable UNTHSC policies or bylaws.

# Termination

.

## Immediate Termination

. This Agreement and Physical Therapist’s employment may be terminated by UNTHSC in accordance with applicable UNTHSC policies and bylaws, as amended from time to time, relative to employment and tenure, including without limitation, any of the following events:

### The suspension, limitation, revocation, or cancellation of Physical Therapist's license to practice medicine in the State of Texas;

### The imposition of any suspension, restriction, or limitation by any governmental authority to such an extent that Physical Therapist cannot perform the medical Services required under this Agreement;

### The death of Physical Therapist;

### For any of the following reasons: (A) Physical Therapist's engaging in conduct amounting to fraud or willful misconduct; (B) the finding by any board or professional organization having a right or privilege to pass upon the professional conduct of Physical Therapist and to discipline Physical Therapist therefore, that Physical Therapist is or has been guilty of unprofessional or unethical conduct; (C) Physical Therapist's violation of the substance abuse policy of UNTHSC; (D) the formal charge or indictment of Physical Therapist with any crime of violence, sexual misconduct, or involving the practice of medicine; or (E) exclusion of Physical Therapist from any federal or state health care reimbursement program, including without limitation, Medicare and Texas Medical Assistance (Medicaid) programs;

### Physical Therapist's inability, failure, or refusal to faithfully and diligently perform the duties required of Physical Therapist hereunder or to comply with any other material term or condition of this Agreement;

### Physical Therapist's failure or refusal to comply with the reasonable policies, standards, and regulations of UNTHSC, which from time to time may be established or approved by UNTHSC; or

### Physical Therapist's being or becoming ineligible, for any reason, for professional liability insurance on the same terms, conditions, and premium rates as other Physical Therapist employees in similar practice with UNTHSC, unless an exception is approved by UNTHSC.

## Termination by Physical Therapist

. This Agreement may be terminated by Physical Therapist upon the occurrence of either of the following events, provided that prior to termination Physical Therapist shall provide UNTHSC written notice of such alleged material failure or breach of this Agreement, and UNTHSC shall have thirty (30) days after receipt of notice to cure the material failure or breach and if cured this Agreement shall not terminate but continue in full force and effect.

### UNTHSC’s failure to pay Physical Therapist the compensation due pursuant to this Agreement (recognizing that salary may be adjusted from time to time accordance with UNTHSC policies or faculty bylaws or UNT|Health compensation plan); or

### UNTHSC’s material breach of this Agreement.

## Optional Termination

. This Agreement may be terminated at any time by mutual written agreement of UNTHSC and Physical Therapist. In addition, during any period of time other than Physician Assistant’s first annual employment period with UNTHSC, Physician Assistant may terminate this Agreement without cause by providing to UNTHSC one hundred eighty (180) days written notice prior to the date of termination.

# Effects of Termination

.

## Continued Services

. On or after the giving of notice of termination and during any notice period, UNTHSC shall be entitled to such full-time Services of Physical Therapist as UNTHSC may reasonably require, and UNTHSC, in its sole discretion, shall specifically have the right to terminate the active Services of Physical Therapist at the time such notice is given and to pay to Physical Therapist the compensation due to Physical Therapist under Section 7 above for the duration of the notice period. In the event of termination, neither party shall have any further obligation hereunder, except for:

### obligations accruing prior to the date of termination;

### obligations, promises, or covenants contained herein which are expressly made to extend beyond the term of this Agreement; and

### obligations which by their nature would survive termination.

Following any notice of termination of employment, given by either party, when applicable, Physical Therapist shall fully cooperate with UNTHSC in all matters relating to the completion of Physical Therapist’s pending work on behalf of UNTHSC and the orderly transfer of such work to other professional employees of UNTHSC.

## Non-Solicitation

. Physical Therapist acknowledges that extensive contacts with employees of UNTHSC will occur. Accordingly, Physical Therapist agrees that, during the term of Physical Therapist’s employment and for the period of one (1) year immediately thereafter, Physical Therapist will not directly or indirectly contact any employees of UNTHSC in order to discontinue or interfere with that person’s employment relationship with UNTHSC.

# Federal and State Health Care Programs

. Physical Therapist represents and warrants that Physical Therapist has never been: (a) convicted of a criminal offense related to health care and/or related to the provision of services paid for by Medicare, Medicaid, or another federal or state health care program; or (b) excluded from participation in any federal or state health care program, including, but not limited to, Medicare and Medicaid. Physical Therapist further represents and warrants that Physical Therapist is not presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from participation in any federal or state grant, benefit, contract, or program (including but not limited to Medicare and Medicaid) by any federal or state department or agency. Physical Therapist shall notify UNTHSC within three (3) business days of Physical Therapist’s receipt of an initial sanction notice, notice of proposed sanction, the commencement of a formal investigation, or the filing of any charges by any federal or state governmental regulatory or law enforcement agency that effects this representation and warranty.

# Governing State Law

. The laws of the State of Texas shall govern the validity, construction, enforcement, and interpretation of this Agreement and venue for any action related hereto shall lie in Tarrant County.

# Parties Bound

. This Agreement and the rights and obligations hereunder shall be binding upon and inure to the benefit of UNTHSC, Physical Therapist, and their respective heirs, personal representatives, successors, and permitted assigns.

# Survival

. All provisions, which by their nature or terms survive termination of this Agreement, and all obligations of the parties which arise prior to or as a result of termination of this Agreement, shall survive termination of this Agreement.

# Titles; Headings

. The titles, heading, and captions used in this Agreement have been inserted for convenience only, and any conflict between the headings and text shall be resolved in favor of the text.

# Assignment

. This Agreement may be assigned by UNTHSC to an affiliate of UNTHSC which is authorized by law to employ Physical Therapists to engage in the practice of medicine and which is actively engaged in the business of providing medical and related health care services to patients of UNTHSC. This Agreement is a “personal services” contract and Physical Therapist may not assign this Agreement or delegate or subcontract any duties hereunder to any party without the express written consent of UNTHSC.

# Conformance with Law

. Each party agrees to carry out all activities undertaken pursuant to this Agreement in conformance with applicable federal, Texas, and local laws, regulation, and rules, provided, however, that nothing contained herein shall prevent either party from initiating legal action to test the validity of any such law, regulation, or rule.

# Amendment

. No modification or amendment of any of the terms or provisions hereof may be made otherwise than by a written agreement signed by the parties.

# Legal Review

. Physical Therapist acknowledges that Physical Therapist has been advised, and has been given the opportunity, to review this Agreement with Physical Therapist's legal counsel before entering this Agreement.

# Waiver of Breach

. The waiver by any party of a breach of any provision of this Agreement shall not operate or be construed as a waiver of any subsequent breach by any party. No covenant, condition, duty, obligation, or undertaking that is part of this Agreement shall be waived except by the written consent of the party giving such waiver.

# Counterparts

. This Agreement may be executed in multiple counterparts, and in duplicate copies, with the same effect as if all parties had executed the same document. Each counterpart will be deemed an original and the counterparts, taken together, will constitute one and the same document. The counterparts of this Agreement may be executed and delivered by facsimile or other electronic signature by any of the parties to any other party and the receiving party may rely on the receipt of such document so executed and delivered by facsimile or other electronic means as if the original had been received.

# Clerical Errors

. UNTHSC is not responsible for inadvertent clerical errors that may be contained in this Agreement. Questions regarding any contractual term or condition should be brought to the attention of the President of UNT|Health.

# Notices

. All notices provided for by this Agreement shall be made in writing either: (a) by actual delivery (e.g., personally, by commercial courier service; or (b) by the mailing of the notice by United States Postal Service certified or registered mail, return receipt requested, and addressed to the party to be notified at the address set forth below (or at such other address as may be given by notice by a party). The notice shall be deemed to be received: (i) if by actual delivery, on the date of its receipt by the party; or (ii) if by mail, on the third day on which mail is delivered following the date of deposit in the United States Postal Service.

 If to UNTHSC: If to Physical Therapist:

 UNT Health Science Center at Fort Worth

# Integration and Entire Agreement

. This Agreement, including all Attachments hereto which are hereby fully incorporated herein for all purposes, contains the entire agreement of the parties and supersedes all prior or contemporaneous agreements and understandings, oral or written, if any, between the parties in connection with the subject matter hereof.

{Signature Page Follows}

WHEREAS, the parties execute this Clinical Appointment Contract to be Effective upon date of last signature by Physical Therapist and the President of UNTHSC, for the Term stated herein and contingent upon faculty appointment.

**“PHYSICAL THERAPIST” UNIVERSITY OF NORTH TEXAS HEALTH**

 **SCIENCE CENTER AT FORT WORTH**

 By:

Name: Department Chair

 Department of

Date: Date:

 By:

 Claire Peel, PhD, PT, FAPTA, Dean

 School of Health Professions

 Date:

By:

 Thomas Yorio, PhD

Provost and Executive Vice President for Academic Affairs

Date:

By:

 Michael R. Williams, DO, MD, MBA

 President

 Date:

ATTACHMENT A:

COMPENSATION DETAIL

PHYSICAL THERAPIST:

ACADEMIC RANK:

TENURE STATUS:

DEPARTMENT:

COMMENCEMENT DATE:

CONTRACT END DATE:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **FTE Allocation** | **Salary Support** | **DeptID** |
| 1) Teaching, Educational Training, and Service Salary: |  |  |  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| 2) Designated Salary: |  |  |  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |  |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **TOTAL FTE** |  **0.000** |  |  |
| **ANNUAL BASE SALARY** |  | **$ 0.00** |  |

**“PHYSICAL THERAPIST”**

Name:

Date: