



HOUSTON HOUSECALLS PLLC

NURSE PRACTITIONER AGREEMENT

This Agreement is made on _____

Between:

Houston Housecalls PLLC
2323 Fairwind Dr Apt #102
Houston, TX 77062
Phone: 832-445-7793
Email: Info@houstonhousecalls.com

AND

Nurse Practitioner Name: _____

License Number: _____

State of License: _____

1. POSITION & DUTIES

The Provider agrees to perform nurse practitioner services including patient evaluation, treatment, documentation, and compliance with all applicable federal, state, and company regulations.

2. EMPLOYMENT STATUS

Independent Contractor Employee

3. PROBATIONARY PERIOD

The first **ninety (90) days** of this agreement shall be considered a **probationary period**.
During this time, performance will be evaluated, and either party may terminate this agreement with or without cause by providing written notice.

4. TERM & AUTOMATIC RENEWAL

This agreement shall begin on _____ and shall remain in effect for **one (1) year**.

This agreement shall **automatically renew annually** unless either party provides written notice of termination at least **30 days prior** to the renewal date.

5. COMPENSATION

Compensation shall be agreed upon separately in writing and may be modified by mutual agreement.

6. DOCUMENTATION & COMPLIANCE

Provider agrees to:

- Complete accurate and timely documentation
- Follow Medicare and insurance regulations
- Comply with Houston Housecalls PLLC policies

7. CONFIDENTIALITY & HIPAA

Provider agrees to maintain strict confidentiality and comply with HIPAA regulations at all times.

8. LIABILITY & INSURANCE

Provider shall maintain active professional liability (malpractice) insurance and provide proof upon request.

9. TERMINATION

This agreement may be terminated:

- By either party with 30 days written notice
- Immediately for misconduct, license suspension, or HIPAA violation

10. GOVERNING LAW

This agreement shall be governed by the laws of the State of Texas.

SIGNATURES

Houston Housecalls PLLC

Authorized Representative: _____

Signature: _____

Date: _____

Nurse Practitioner

Name: _____

Signature: _____

Date: _____