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DEPARTMENT OF HEALTH AND HUMAN SERVICES Indian Health Service

FORM APPROVED
OMB Approval No. 09170009
Expiration Date:

PSYCHIATRIC PRIVILEGES REQUEST FORM

INTRODUCTION

This Psychiatric Privileges Request Form is designed primarily for physicians who have completed a residency in psychiatry; (psychiatric privileges for nonpsychiatric physicians are listed in section VII of the Medical Privileges Request Form). It must be accompanied or preceded by a completed application for medical staff appointment, including the necessary supporting documents. Many clinical privileges pertinent to the practice of psychiatry are listed below. The request for privileges must reflect both the applicant's and the facility/staff's ability to carry out or support the various functions. Any additional requested privileges shall be presented in an attached list and referenced on this form under "other."

INSTRUCTIONS FOR COMPLETING THE FORM

Applicant: With a check mark in the appropriate location, indicate for each item whether you are requesting *limited* or *full* privileges. *Limited* means that the applicant may function in the area of the stated clinical privileges only under the direct supervision of a provider holding *full* privileges. *Full* means that the applicant is entitled to function independently, following standards consistent with the medical community at large. Be sure to sign the request as indicated on page 6.

Discipline-specific supervisor or consultant: Indicate your recommendation for each requested clinical privilege by placing a check mark in the appropriate location for either *full*, *limited*, or *not recommended* (N.R.). Please explain any recommended limitations or denial of privileges on an attached sheet. Your recommendations are considered by the governing body when granting or not granting privileges.

I. MAJOR GENERAL PSYCHIATRIC PRIVILEGES

A.	Diagnosis and Treatment of Adult:	۸nnl	licant	Consu		
			uests		nmends	
		Ltd.	<u>Full</u>	<u>N.R</u> .	Ltd.	Full
1.	Affective disorders (unipolar& bipolar) and dysthymic disorders					
2.	Schizophrenic disorders (including brief reactive psychosis)					
3.	Anxiety disorders					
4.	Substance use disorders					
5.	Somatoform disorders					
6.	Personality disorders and borderline states					
7.	Other (specify):					
			licant uests Full	Super Consu Recon N.R.		Full
В.	Differential diagnosis of organic mental syndromes psychiatric, physical, by laboratory techniques					
C.	Differential diagnosis and treatment of neuropsychiatric conditions, including localizing and diffuse cortical pathology	:[]				
D.	Differential diagnosis and treatment of emergency psychiatric conditions, including suicidal, acutely psychotic, assaultive, noncommunicative, and drug and alcohol related syndromes					

I	Ε.	Adult Psychopharmacologic Use of:	Арр			Superv	tant	
			Req Ltd.		ts Full	Recom N.R.	mends Ltd.	Full
-	1.	Tricyclic antidepressants		ĺ				
2	2.	Mono-amine oxidase inhibitors		-				
3	3.	Nonanaesthetic uses of neuroleptics		ŀ				
4				ţ				
į	5.	Psychomotor stimulants						
(5 .	B-blockers for psychiatric use		Ī				
-	7.	Lithium carbonate or citrate for psychiatric uses		Ī				
8	3.	Differential diagnosis and treatment of sleep disorders						
			App	lica	nt	Superv Consul		
			Req	ues	ts	Recom	mends	
	=	Diagnosis and treatment of psychosexual disorders and	Ltd.	, 	Full	N.R.	Ltd.	Full
•	•	nonphysiologic sexual dysfunction		_				
	G.	Individual psychotherapy of patients						
I	н.	Group psychotherapy						
ı	١.	Family/couple therapy						
J	١.	Psychiatric program consultation						
ı	K.	Psychiatric administrative consultation						
l	L.	Diagnosis and treatment of addiction and habituation to DEA schedule I through V drugs						
		NOTE: Must conform to DEA regulations.		Г				
	M.	Other (specify):		L				
н.	Cŀ	HILD PSYCHIATRIC PRIVILEGES						
1	Δ.	Diagnosis and Treatment in Children and			_	Superv		
		Adolescents of:	App Req			Consul Recom	tant mends	
	_		Ltd.	 	Full	N.R.	Ltd.	Full
	l.	Schizophrenia and related disorders		-				
_		Affective disorders		-				
		Autism		-				
		Anxiety disorders		-				
		Personality disorders		-				
	_	Psychosexual disorders		-				
	7. ~	Substance use disorders		-				
		Psychological factors affecting physical condition		-			H	
ç	۶.	Anorexia nervosa, bulimia, eating disorders		-				
					1			

Α.	Diagnosis and Treatment in Children and Adolescents of:	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd.	Full
10.	Conduct disorders			
11.	Attention deficit disorder and hyperactivity			
12.	Enuresis, encopresis, sleep walking, and sleep terror			
13.	Tics (including Tourette's disorder)			
14.	Identity disorders			
15.	Attachment/object relations disorders			
16.	Other (specify):			
	Diagnosis and treatment of mental retardation Diagnosis and treatment of developmental delays, learning disabilities, and specific neuropsychiatric dysfunctional syndromes	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd.	Full
D.	Use in Children and Early Adolescents of:	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd.	Full
1.	Antidepressants			
2.	Neuroleptics			
3.	Benzodiazepines			
4.	Psychomotor stimulants			
5.	Anticonvulsants for psychiatric purposes			
6.	Other medications with a primarily psychoactive pharmacologic effect			
7.	Other (specify):			
E.	Individual psychotherapy, play therapy, behavioral therapy, and common child therapy	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd.	Full
F.	Emergency child psychiatric diagnosis and treatment of more common emergency child psychiatric syndromes (e.g., suicide attempts, dissociative stages, psychotic			
Œ	presentations) Other (specify):			
J .	other (specify):			

A. Forensic Psychiatric Privileges in:

	Civil proceedings:	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
	a. Adult b. Child		
	2. Criminal proceedings:	Applicant Requests <u>Ltd.</u> <u>Full</u>	Supervisor/ Consultant Recommends N.R. <u>Ltd.</u> Full
	a. Adult b. Child		
В.	Use of Legally Controlled Treatment Modalities, Including:	Applicant Requests <u>Ltd.</u> <u>Full</u>	Supervisor/ Consultant Recommends N.R. <u>Ltd.</u> Full
1.	Treatment of criminal sexual offenders		
2.	Use of electro-convulsive therapy		
3.	Use of investigational drugs in treatment of psychiatric disorders		
4.	Other (specify):		
C.	Diagnosis and treatment of epilepsy	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
	Administration of individual psychological tests (e.g.,		
_	MMPI, Bender, WAIS)		
	Treatment of chronic pain and illness behavior ndromes		
F.	Diagnosis/treatment of culture bound syndromes		
G.	Other (specify):		

PSYCHIATRIC PRIVILEGES REQUEST FORM

Applicant	Date	
I hereby recommend the clinical	al privileges as indicated.	
Supervisor/Consultant	 Date	
As Chairperson of the Medical (check one)	Staff Executive Committee, I here	eby recommend the clinical privilege
As noted.		
With the following exce	otions, deletions, additions, or con	iditions:
Clinical Director	Date	
Clinical Director I hereby recommend the applic		
I hereby recommend the applic	ant for clinical privileges. Date	
Service Unit Director Privileges are hereby granted:	ant for clinical privileges. Date	
Service Unit Director Privileges are hereby granted: As noted.	Date (check one)	uditions:
Service Unit Director Privileges are hereby granted: As noted.	ant for clinical privileges. Date	iditions:
Service Unit Director Privileges are hereby granted: As noted.	Date (check one)	iditions:
Service Unit Director Privileges are hereby granted: As noted.	Date (check one)	nditions:
Service Unit Director Privileges are hereby granted: As noted.	Date (check one)	nditions:

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 60 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Reports Clearance Officer, Indian Health Service, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852, ATTN: PRA (0917–0009). Please *do not send* this form to this address.