Circular Appendix 95-16-C.8 (04/10) Page 1 of 4

DEPARTMENT OF HEALTH AND HUMAN SERVICES Indian Health Service

FORM APPROVED
OMB Approval No. 09170009
Expiration Date:

PSYCHOLOGY PRIVILEGES REQUEST FORM

INTRODUCTION

This Psychology Privileges Request Form 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 psychology are listed below.

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 clinical psychology community at large. Be sure to sign the request as indicated on page 4.

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. CLINICAL ATTENDING PRIVILEGES

A.	A. Patient Management Privileges			Supervisor/	
			Applicant	Consultant	
			Requests Ltd. Full	Recommends N.R. Ltd. Full	
	1	Admit nationts			
	Ι.	Admit patients			
	2.	Discharge patients			
	3.	Coordinate/provide psychological care			
	4.	Write and sign treatment plans			
	5.	Write orders for assessment and treatment procedures			
	6.	Write orders for medical consultation			
	7.	Participate on multi-disciplinary treatment teams			
	8.	Enter consultation notes on charts			
	9.	Other (specify):			
В.	Cli	inical Assessment Privileges	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full	
В.	Cli		Requests	Consultant Recommends	
В.		Behavioral assessment	Requests	Consultant Recommends	
В.	1. 2.	Behavioral assessment Biobehavioral and psychophysiological assessment	Requests	Consultant Recommends	
В.	1. 2.	Behavioral assessment Biobehavioral and psychophysiological assessment examinations	Requests	Consultant Recommends	
В.	1. 2. 3.	Behavioral assessment Biobehavioral and psychophysiological assessment examinations Neuropsychological examination	Requests	Consultant Recommends	
В.	1. 2. 3. 4.	Behavioral assessment Biobehavioral and psychophysiological assessment examinations Neuropsychological examination Mental status examination	Requests	Consultant Recommends	
B.	1. 2. 3. 4.	Behavioral assessment Biobehavioral and psychophysiological assessment examinations Neuropsychological examination Mental status examination Intellectual assessment	Requests	Consultant Recommends	
В.	1. 2. 3. 4. 5.	Behavioral assessment Biobehavioral and psychophysiological assessment examinations Neuropsychological examination Mental status examination Intellectual assessment Developmental assessment	Requests	Consultant Recommends	

В.	Clinical Assessment Privileges	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
	9. Differential diagnostic assessment		
	10. Forensic assessment		
	11. Psychopharmacologic response monitoring		
	12. Vocational/education assessment		
	13. Psychosocial assessment		
	14. Other assessment, as indicated		
C.	Clinical Treatment Privileges	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
	Individual psychotherapy		
	2. Group psychotherapy		
	3. Family psychotherapy		
	4. Behavior modification		
	5. Hypnosis		
	6. Biofeedback		
	7. Emergency room/crisis intervention		
	8. Pain management		
	9. Substance abuse reduction		
	10. Stress management		
	11. Rehabilitation services		
	12. Other (specify):		
II. C	ONSULTING PRIVILEGES		
Α.	Within the Facility	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
	Consultation liaison to other services		
	Organizational developmental services		
	3. Staff development		
	4. Wellness promotion		
В.	External to the Facility	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
	1. Professional and community education		
	2. Community development		

B. External to the Facility	Applio Reque Ltd.	Super Consu Recon N.R.	-	Full
3. Disease/injury prevention		 		
II. PROGRAMMATIC ACTIVITIES	Applio Reque	Super Consu Recon N.R.		Ful
A. Program planning and evaluation				
B. Collection/interpretation of caseload date				
C. Ascertainment of population mental health needs				
D. Supervise staff and trainees				
E. Ensure accreditation/approval				

PSYCHOLOGY PRIVILEGES REQUEST FORM

1.	I hereby request the clinical privileges as indicated on the forms attached.				
	Applicant	Date			
2.	I hereby recommend the clinical privileges a	s indicated.			
	Supervisor/Consultant	Date			
3.	As Chairperson of the Medical Staff Executive Committee, I hereby recommend the clinical privileges (check one)				
	As noted.				
	With the following exceptions, deletion	ons, additions, or conditi	ons:		
	Clinical Director	Date			
4.	I hereby recommend the applicant for clinical	al privileges.			
	Service Unit Director	Date			
5.	Privileges are hereby granted: (check one)				
	As noted.				
	With the following exceptions, deletions, additions, or conditions:				
		-			
	Chairperson of the Governing Body	Date			

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 10 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.