

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. Patient Management Privileges

	Applicant Requests		Supervisor/ Consultant Recommends		
	Ltd.	Full	N.R.	Ltd.	Full
1. Admit patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Discharge patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Coordinate/provide psychological care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Write and sign treatment plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Write orders for assessment and treatment procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Write orders for medical consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Participate on multi-disciplinary treatment teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Enter consultation notes on charts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Clinical Assessment Privileges

	Applicant Requests		Supervisor/ Consultant Recommends		
	Ltd.	Full	N.R.	Ltd.	Full
1. Behavioral assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Biobehavioral and psychophysiological assessment examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Neuropsychological examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mental status examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Intellectual assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Developmental assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Personality assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Trauma assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Clinical Assessment Privileges

- 9. Differential diagnostic assessment
- 10. Forensic assessment
- 11. Psychopharmacologic response monitoring
- 12. Vocational/education assessment
- 13. Psychosocial assessment
- 14. Other assessment, as indicated

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full

C. Clinical Treatment Privileges

- 1. 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): _____

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full

II. CONSULTING PRIVILEGES

A. Within the Facility

- 1. Consultation liaison to other services
- 2. Organizational developmental services
- 3. Staff development
- 4. Wellness promotion

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full

B. External to the Facility

- 1. Professional and community education
- 2. Community development

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full

B. External to the Facility

3. Disease/injury prevention

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full

III. PROGRAMMATIC ACTIVITIES

- A. Program planning and evaluation**
- B. Collection/interpretation of caseload data**
- C. Ascertainment of population mental health needs**
- D. Supervise staff and trainees**
- E. Ensure accreditation/approval**

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 as 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, deletions, additions, or conditions:

Clinical Director

Date

4. I hereby recommend the applicant for clinical 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.
