DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service

FORM APPROVED
OMB Approval No. 0917–0009
Expiration Date: 6/30/2016

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	☐	☐	☐	☐	☐
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): _____	☐	☐	☐	☐	☐

B. Clinical Assessment Privileges

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

B. Clinical Assessment Privileges

	Applicant Requests		Supervisor/ Consultant Recommends		
	Ltd.	Full	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		Supervisor/ Consultant Recommends		
	Ltd.	Full	N.R.	Ltd.	Full
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): _____	☐	☐	☐	☐	☐

II. CONSULTING PRIVILEGES

A. Within the Facility

	Applicant Requests		Supervisor/ Consultant Recommends		
	Ltd.	Full	N.R.	Ltd.	Full
1. Consultation liaison to other services	☐	☐	☐	☐	☐
2. Organizational developmental services	☐	☐	☐	☐	☐
3. Staff development	☐	☐	☐	☐	☐
4. Wellness promotion	☐	☐	☐	☐	☐

B. External to the Facility

	Applicant Requests		Supervisor/ Consultant Recommends		
	Ltd.	Full	N.R.	Ltd.	Full
1. Professional and community education	☐	☐	☐	☐	☐
2. Community development	☐	☐	☐	☐	☐

B. External to the Facility

	Applicant Requests		Supervisor/ Consultant Recommends		
	Ltd.	Full	N.R.	Ltd.	Full
3. Disease/injury prevention					

III. PROGRAMMATIC ACTIVITIES

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

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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.