



## Hospital Administrative Assistants KHDO Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. Applicant have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

**NOTE:**

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications	
<b>Membership</b>	Fulfill the requirements and qualifications applicable to an AHP as outlined in the Credentials Manual.
<b>Education/Training</b>	A Hospital Administrative Assistant is an unlicensed employee who performs a set of specific clerical services and works only under the direct supervision of the responsible physician. The Hospital Administrative Assistant shall have a high school diploma or the equivalent and a minimum of two years' work experience in the healthcare field in order to have a basic understanding of medical terminology and the functioning of the physician's and Hospital's environment. If formal courses have been taken, the Hospital Administrative Assistant shall provide documentation of satisfactory completion.
<b>Certification</b>	Any certification or higher education shall be reported to the Credentials Committee and shall be maintained as part of the credentialing process for the Hospital Administrative Assistant.
<b>Additional Qualifications</b>	Each Hospital Administrative Assistant must be an employee of and/or under the supervision of physician(s) who are presently appointed to the Medical Staff in accordance with the Allied Health Professional requirements of the Credentials Manual. <b>AND</b> When a physician(s) employs a Medical Assistant, the scope of practice relating to the Medical Assistant can be granted only to the supervising medical staff member(s). <b>AND</b> Employed by the supervising physician.

**Procedures Permitted in Hospital**

Request	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	Clerical functions only.		
	Collecting, reviewing and organizing patient records in preparation of physician rounds.		
	Communicating requests from patients and staff to physician.		
	Delivering written patient education materials to patients.		
	Obtaining signature of patient on informed consent form. Providing the risks, benefits and alternative to any procedure remains the sole personal obligation of the physician performing the procedure.		
	Responding to pages on physician's behalf; triaging need for response from physician.		

**Acknowledgment of Applicant**

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

**Department/Section Chair Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Department/Section Chair Recommendation - Additional Comments

\_\_\_\_\_  
Signature of Chair/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Credentials Committee

\_\_\_\_\_  
Date