

Psychology KHHM 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. Applicants 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

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| Education/Training | Must have successfully completed a doctorate degree in psychology (Phd or PsyD) from a program accredited by the American Psychological Association or the Canadian Psychological Association. AND One year of formal postdoctoral fellowship in clinical psychology OR Two years of supervised postdoctoral work experience |
| Certification | The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges. |
| Clinical Experience (Initial) | Applicant must be able to provide documentation of provision of psychology services to 50 adult cases representative of the scope and complexity of the privileges requested during the previous year (waived for applicants who completed training during the previous year). |
| Clinical Experience (Reappointment) | Applicant must have provided 40 adult cases representative of the scope of privileges requested during the past 24 months. |

Primary Privileges Psychology

Description: Work directly with patients, as well as groups (families, patients of similar psychopathology), using a wide range of assessment and intervention methods to promote mental health and to alleviate discomfort and maladjustment. The practice of clinical psychology includes assessment and treatment of mental, physical, emotional and behavioral disorders.

| Request | <p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p> | Dept Chair Rec |
|---------|--|----------------------|
| | Consultation privileges in Psychology | |
| | Conduct Assessments including: | |
| | Assessment of patients, using psychological testing and mental status examination (excludes neuropsychological testing) | |
| | Provide diagnostic impressions using the Diagnostic and Statistical Manual of Mental Disorders (DSM version IV-TR) | |
| | Psychological testing | |
| | Provide clinical interventions including: | |
| | Behavior modification therapy | |
| | Cognitive behavioral therapy | |
| | Family assessment/therapy | |
| | Group therapy | |
| | Individual Therapy | |
| | Motivational Interviewing | |

Acknowledgment of Applicant

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

Practitioner's Signature

Date

Department Chair Recommendation - Privileges

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

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| | 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 |
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| Additional Comments |
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Signature of Department Chair/Designee

Date