

Mental Health Therapist KHMC & KHMB & KHTR

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
- 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:

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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	
Membership	To be eligible to apply for clinical privileges as a clinical therapist in mental health, the applicant must meet the following criteria:	
Education/Training	Successful completion of a Masters Degree or above from an accredited university in the field of Social Work, Professional Counseling, Marriage and Family Therapy, or Psychology	
Certification	Current active licensure to practice as a mental health therapist in the State of Ohio	
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate current competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested and/or completion of master's program within the past 12 months.	
Clinical Experience (Reappointment)	Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes as well as provide the required continuing education documentation.	
AND		
	Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.	
Additional Qualifications	Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body	

Primary Privileges Mental Health Therapist

Description: Evaluate, diagnose, and provide primary mental health assessment and treatment using cognitive behavioral, play and structural/strategic therapeutic techniques. The therapist may not admit patients to the hospital or provide medication management. May assess and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergencies. The core privileges in this specialty include those listed below list and such others that are extensions of the same techniques and skills.

R	Request all privileges listed below.		Request all privileges listed below.	
КНМС	КНМВ	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.	
			- Currently granted privileges	
			Complete a detailed summary upon completion of treatment for each patient	
			Complete comprehensive assessments, develop differential diagnoses, and formulate and implement treatment plans	
			Conduct individual, group, and family psychotherapy	
		·	Initiate referral to appropriate physician or other healthcare professional of problems that exceed the therapist's scope of practice	
		·	Obtain social, family and psychological history	

Acknowledgment of Applicant

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I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Main Campus, Kettering Health Miamisburg and Kettering Health Troy and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable 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		
Clinical Service 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
Clinical Service Chair Recommendation - Additional Comments	\$
Clinical Service Chair Signature	Date

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