

ATRIUM HEALTH FLOYD/POLK/CHEROKEE
 DELINEATION OF PRIVILEGES
 SPECIALTY OF PSYCHIATRY

Print Name _____

- Initial appointment Reappointment Updated DOP Request for Clinical Privileges

Please check all categories and privileges desired.

PRIVILEGE	FLOYD	POLK	CHEROKEE
CLASS I			
Counseling of individual, marital and family groups			
Counseling of individuals with problems related to drug and alcohol abuse			
Vocational and career counseling			
Community agency consultation			
Basic skills of clinical diagnosis			
Basic expertise in the diagnosis and treatment of the following who have psychiatric disorders:			
Adults 20+ yrs ____			
Adolescents 13-19 yrs ____			
Children 6-12 yrs ____			
Diagnosis and treatment of neurological disorders relevant to psychiatric practice			
Diagnosis and treatment of psychophysiologic disorders			
CLASS II			
Hospital Emergency Psychiatry			
Legal aspects of psychiatry			
Competency evaluations			
Use of generally accepted techniques for diagnostic psychological assessment			
Diagnosis, treatment, and management including detoxification of patients with alcoholism and drug abuse			
CLASS III			
Individual psychotherapy including long-term psychotherapy			
Supportive psychotherapy			
Brief psychotherapies			
Crisis intervention			
Family therapy			
Marital therapy			
Group therapy			
Pharmacological therapies, short-term and long-term			
Amytal interview			
Behavior therapy			
Sexual dysfunctions			

 Print Name

PRIVILEGE	FLOYD	POLK	CHEROKEE
CLASS IV			
Electroconvulsive therapy (anesthesia to be administered by an anesthesiologist)			
OTHER:			
Telemedicine Consultation (Please also check the privileges you will be consulting on via telemedicine)			
Additions/Deletions/Conditions/Other Limitations:			

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform, and that I wish to exercise at Atrium Health Floyd/Polk/Cherokee, and I understand that:

1. 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.
2. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.
3. All members of the medical staff are required to treat patients, their families, hospital staff, and colleagues in a respectful and professional manner at all times. Each member of the medical staff is expected to comply with hospital and medical staff code of conduct policies. Failure to do so may be the basis for dismissal.

 Applicant's Signature

 Date