

SCOTLAND HEALTH CARE SYSTEM
Clinical Privileges Delineation Form
Specialty: Tele-Neurology

PHYSICIAN: _____

TELE-NEUROLOGY CORE PRIVILGES	<u>Requested</u>
Evaluation and treatment of patients great than 18 years of age presenting with emergency neurological illnesses including, but not limited to, acute stroke, stroke, and threatened stroke (TIE or Transient Ischemic Attack).	<input type="checkbox"/>
Studies obtaining an orderly and detailed history from the patient, family and staff.	<input type="checkbox"/>
Conducting a thorough and timely neurology examination with HIPAA-compliant, two-way radio, and HIPAA-compliant, two-way video-conferencing technology.	<input type="checkbox"/>
Reviewing and personally interpreting relevant brain imaging studies.	<input type="checkbox"/>
Reviewing and correlating the results of other relevant diagnostic tests with the patient's clinical history and examination to formulate a differential diagnosis and recommend an evaluation and management plan.	<input type="checkbox"/>
Reviewing and personally interpreting non-invasive intracranial and extracranial vascular studies.	<input type="checkbox"/>
Remote interpretation and reporting of other tests.	<input type="checkbox"/>

Acknowledgement 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.

In exercising any clinical privileges granted, I am constrained by Medical Staff policies and rules applicable generally and any applicable to the particular situation.

I request the clinical privileges listed above.

Applicant's Signature: _____

Date: _____