

SCOTLAND MEMORIAL HOSPITAL

Clinical Privilege Delineation Form

Specialty: Telecritical Care

PHYSICIAN NAME: _____

I am requesting the following privileges:

| | |
|--|---|
| | TELEMEDICINE PRIVILEGES |
| | Telemedicine privileges are defined as privileges for the use of electronic communication or other communication technologies' to provide or support clinical care at a distance. Telemedicine privileges shall include consulting, prescribing; rendering a diagnosis or otherwise providing clinical treatment to a patient using telemedicine. |

RECOMMENDED BY:

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant Signature

Date

Signature of Designee

Date