

Psychiatry

Delineation of Privileges (See Note One (1) on Last Page)

Instructions: Place a check mark (✓) corresponding to the privileges requested.

I. Evaluation and Treatment

	Requested	Approved	Not Approved/Approved W/Restrictions
Psychiatric Evaluation			
Psychiatric Treatment Planning			

II. Psychiatric Treatments

	Requested	Approved	Not Approved/Approved W/Restrictions
Psychopharmacotherapy			
Other Somatic Therapies (See Note two (2) on Last Page)			
Electroconvulsive Therapy			
Diagnostic Amytal Interview			
Hypnotherapy			
Behavior Therapy			
Biofeedback			

III. Psychotherapies

	Requested	Approved	Not Approved/Approved W/Restrictions
Individual Adult Psychotherapy			
Group Psychotherapy			
Family Therapy			

IV. Other Patient Populations/Clinical Settings

	Requested	Approved	Not Approved/Approved W/Restrictions
Amethyst Unit - Detoxification and Drug Rehabilitation			
Amethyst - Inpatient Unit			
Amethyst - Intensive Outpatient Program			

	Requested	Approved	Not Approved/Approved W/Restrictions
Children and Adolescents (Under Age 18)			
Geriatric (Over Age 65)			
Inpatient Consultation/Liaison Services			
Emergency Psychiatric Services			
Long Term Care Services (The Edwin Morgan Center)			

V. **Other (Please be specific; determinations to be made on a case-by-case basis only)**

	Requested	Approved	Not Approved/Approved W/Restrictions
Telepsychiatry			

1. Completion of the general adult psychiatry residency requirements as set out by the American Board of Psychiatry and Neurology, Inc., and its board certification or eligibility will be considered as requisite for all privileges as requested herein, except as set out in item two (2) below.
2. Other Somatic Therapies - evidence of specific expertise in each of the modalities requested is required to be demonstrated by the physician; or his or her agreement to observe five such procedures by a certified physician, with his or her first five subsequent procedures to be supervised by a certified physician in that modality, within one (1) year of request of that privilege.

Signature

Date

Department Chairman
Signature of Approval

Date