



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Alice Gleghorn, PhD
Director

PSYCHIATRIC HEALTH FACILITY PSYCHIATRY PRIVILEGE CHECKLIST

Provider Name: Grant Ko MD
Please Print

✓	CHECK PRIVILEGES REQUESTED (Refer to attached guidelines.)
	ADULT PSYCHIATRY (18 years of age and older)
✓	Emergency Room and Crisis Team consultations
✓	Brief Psychotherapy
✓	Admit and treat inpatients
✓	Psychiatric Assessment
✓	Medication Management

Acknowledgement of the Practitioner:

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at the Psychiatric Health Facility. I understand that 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.

Applicant's Signature: X DocuSigned by:
Grant ko, MD
44630A38A2ED402... Date: 1/4/2017

PHF Medical Director Signature: *[Signature]* Date: 1/10/17
for Leslie Lovat

PHF Medical Practice Committee Approval Date: 1/9/17

PHF Governing Board Approval Date: _____