



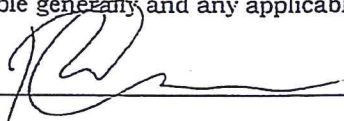
PSYCHIATRIC HEALTH FACILITY PSYCHIATRY PRIVILEGE CHECKLIST

Provider Name: Brandon Schneider, 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:  Date: 5/15/17

PHF Medical Director Signature:  Date: 6/21/17

PHF Medical Practice Committee Approval Date: 5/24/17

PHF Governing Board Approval Date: _____