



**DEPARTMENT OF BEHAVIORAL WELLNESS**

**PSYCHIATRIC HEALTH FACILITY (PHF)**

**REQUEST FOR PRIVILEGES, DELINEATION AND CRITERIA  
PSYCHIATRIC SERVICES**

**PHYSICIAN'S NAME:** \_\_\_\_\_

<u>PRIVILEGES REQUESTED</u>	<u>CRITERIA</u>
<p>1. <b>ADMISSION &amp; DISCHARGE:</b> Admit and discharge clients at the PHF.</p> <p>REQUESTED ( ) YES ( ) NO</p>	<p>a. Board eligible/certified in Psychiatry b. Current privileges, training or peer reviewed experience with admitting and discharging clients.</p>
<p>2. <b>PSYCHIATRIC EVALUATION:</b> Conduct complete mental status examinations, perform complete psychiatric interviews leading to a psychiatric diagnosis, make appropriate diagnostic changes over hospital course, order appropriate testing related to the diagnosis and/or treatment.</p> <p>REQUESTED ( ) YES ( ) NO</p>	<p>a. Board eligible/certified in Psychiatry b. Current privileges, training or peer reviewed experience in the provision of psychiatric care for hospitalized clients.</p>
<p>3. <b>PSYCHOPHARMACOLOGY:</b> Prescribe psychotropic medications to clients according to Medical Staff guidelines and PHF policies &amp; procedures.</p> <p>REQUESTED ( ) YES ( ) NO</p>	<p>a. Board eligible/certified in Psychiatry b. Current privileges, training or peer reviewed experience in the utilization of psychotropic medications for the treatment of psychiatric conditions.</p>
<p>4. <b>FORENSIC PSYCHIATRY:</b> Clinical assessment, treatment, reporting of evaluations, diagnostic impressions, and recommendations for forensic clients.</p> <p>REQUESTED ( ) YES ( ) NO</p>	<p>a. Board eligible/certified in Psychiatry b. Current privileges, training or peer reviewed experience with forensic clients.</p>
<p>5. <b>CO-OCCURRING CONDITIONS:</b> Clinical assessment and treatment of clients requiring inpatient care for psychiatric conditions with co-occurring substance abuse problems.</p> <p>REQUESTED ( ) YES ( ) NO</p>	<p>a. Board eligible/certified in Psychiatry b. Current privileges, training or peer reviewed experience in the clinical assessment and treatment of clients with co-occurring mental health and substance abuse problems.</p>
<p>6. <b>GERIATRIC PSYCHIATRY:</b> Evaluation, diagnosis and treatment of patients over the age of 65.</p> <p>REQUESTED ( ) YES ( ) NO</p>	<p>a. Board eligible/certified in Psychiatry b. Current privileges, training or peer reviewed experience in the treatment of geriatric clients.</p>
<p>7. <b>PSYCHOTHERAPY (Check all that apply):</b>  <u>INDIVIDUAL</u>      <u>GROUP</u>      <u>FAMILY</u> ( )            Dynamic ( )      Dynamic ( )            Supportive ( )      Supportive ( )            Cognitive ( )      Cognitive ( )</p> <p>REQUESTED ( ) YES ( ) NO</p>	<p>a. Board eligible/certified in Psychiatry b. Current privileges, training or peer reviewed experience with requested type of psychotherapy.</p>
<p>8. <b>SECLUSION AND RESTRAINT:</b> Use of seclusion and restraint, according to PHF policy and applicable law, for clients who are evaluated dangerous to self or others.</p> <p>REQUESTED ( ) YES ( ) NO</p>	<p>a. Board eligible/certified in Psychiatry b. Current privileges, training, or peer-reviewed experience in use of restrictive procedures.</p>

**SIGNATURE OF PHYSICIAN REQUESTING PRIVILEGES:**

Date: \_\_\_\_\_

**RECOMMENDATIONS TO THE GOVERNING BODY AND ACTION:**

<b>POSITION/TITLE</b>	<b>ACTION</b>	<b>SIGNATURE AND DATE</b>
Manager, Behavioral Wellness Quality Care Management Division	<input type="checkbox"/> Approve <input type="checkbox"/> Approve with Provisions <input type="checkbox"/> Defer <input type="checkbox"/> Disapprove	
Chair, Behavioral Wellness PHF Medical Practice Committee	<input type="checkbox"/> Approve <input type="checkbox"/> Approve with Provisions <input type="checkbox"/> Defer <input type="checkbox"/> Disapprove	
PHF Governing Board	<input type="checkbox"/> Approve <input type="checkbox"/> Approve with Provisions <input type="checkbox"/> Defer <input type="checkbox"/> Disapprove	