



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: Robert Irvine MD
Please Print

<input checked="" type="checkbox"/>	CHECK PRIVILEGES REQUESTED (Refer to attached guidelines.)
	ADULT PSYCHIATRY (18 years of age and older)
<input checked="" type="checkbox"/>	Emergency Room and Crisis Team consultations
<input checked="" type="checkbox"/>	Brief Psychotherapy
<input checked="" type="checkbox"/>	Admit and treat inpatients
<input checked="" type="checkbox"/>	Psychiatric Assessment
<input checked="" type="checkbox"/>	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: 11/14/16

PRIVILEGE APPROVAL

PHF Medical Director Signature: Date: 11/23/16

PHF Medical Practice Committee Approval Date: 11/23/16

PHF Governing Board Approval Date: _____