



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

Alice Gleghorn, PhD
Director

PSYCHIATRIC HEALTH FACILITY PSYCHIATRY PRIVILEGE CHECKLIST

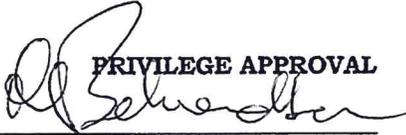
Provider Name: Carl TASWELL MD
Please Print

<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: Carl Taswell MD Date: 2-14-2017

PHF Medical Director Signature:  **PRIVILEGE APPROVAL** Date: 2/15/17

PHF Medical Practice Committee Approval Date: _____

PHF Governing Board Approval Date: _____



Below is a list of Policy and Procedures (P&P) for the Psychiatric Health Facility.

Please initial and date each policy as it is reviewed.

Policy & Procedure	Initials	Date Reviewed
Seclusion and Restraint	AG	2-14-17
PRN Medications	AG	2-14-17
Blood Glucose Monitoring	AG	2-14-17
Facility Surveillance and Inspection	AG	2-14-17
Therapeutic Diets	AG	2-14-17
Emergency Drugs and Supplies	AG	2-14-17
Medication Disposal and Destruction	AG	2-14-17
Pharmacy Deliveries	AG	2-14-17
Patients' Own Medication	AG	2-14-17
Medication Disposal	AG	2-14-17
Employee Immunization	AG	2-14-17