

Print Name _____

**ATRIUM HEALTH
REAPPOINTMENT DELINEATION OF PRIVILEGES FORM
ALLIED HEALTH PROFESSIONAL
PSYCHOLOGY**

☐ Initial appointment ☐ Reappointment ☐ Updated DOP

NOTE: "CORE" privileges cannot be amended or altered in any way.

*SPECIAL PRIVILEGES (SEE QUALIFICATIONS AND/OR SPECIFIC CRITERIA)

Advanced Practice Provider must apply for "CORE" privileges in order to be eligible for special procedure clinical privileges at any facility within Atrium Health.

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PSYCHOLOGY CORE CLINICAL PRIVILEGES
						N/A	N/A	N/A	N/A	CAHP-PHD-1	Diagnose and provide treatment and consultation to children, adolescent, and adult patients who suffer from mental, behavioral, or emotional disorders. Assess, stabilize, and determine the disposition of patients with emergent conditions.

NOTE: Psychology Core Clinical Privileges include individual psychotherapy and counseling with adults, group psychotherapy with adults, family and marital therapy and child and adolescent therapy.
The Psychologist may perform services on patients admitted to the Hospital by physician members of the Medical Staff after having been requested to do so by the admitting physician or the physician responsible for the patient's care. The psychologist shall have no independent admitting privileges. Charting privileges extend only to recording the process and results of psychological evaluations and psychotherapy, and the psychologist may not write orders for patient treatment. The Psychologist shall be governed and adhere to (i) the practices and policies of each Atrium Health facility, and (ii) to the Bylaws, Rules, and Regulations of the Medical Staff.

CMC	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE		SPECIAL PROCEDURES RELATED TO PSYCHOLOGY			
										CAHP-PHD-1	ASSESSMENTS	Minimum Number Required	Number Performed Within The Past 2 Years	Location
						N/A	N/A	N/A	N/A	CAHP-PHD-1(a)*	Personality and Diagnostic Testing	10		
						N/A	N/A	N/A	N/A	CAHP-PHD-1(b)*	Intelligence, Cognitive, and Achievement Testing	10		
						N/A	N/A	N/A	N/A	CAHP-PHD-1(c)*	Neuropsychological Testing	10		
						N/A	N/A	N/A	N/A	CAHP-PHD-1(d)*	Vocational and Interest Testing	10		

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											OTHER SPECIAL PROCEDURES			
						N/A	N/A	N/A	N/A	CAHP-PHD-1(e)*	Inpatient Mental Health – requires a minimum of 500 hours of experience in specified setting.			
						N/A	N/A	N/A	N/A	CAHP-PHD-1(f)*	Medical Psychology - requires a minimum of 500 hours of experience in specified setting.			
											Minimum Number Required	Number Performed Within The Past 2 Year	Location	
						N/A	N/A	N/A	N/A	CAHP-PHD-1(g)*	Hypnosis	10		
						N/A	N/A	N/A	N/A	CAHP-PHD-1(h)*	Biofeedback	10		

*** REQUIRED PREVIOUS EXPERIENCE:**

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrated current competence and evidence of performance within the past two (2) years of at least the “minimum number required” as indicated above.

CRITERIA FOR MAINTENANCE OF PRIVILEGES:

The Practitioner must submit a representative sample of a minimum of ten (10) cases, to include at least two (2) cases for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

PRIVILEGES REQUESTED BY:

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

I attest that the information provided in my initial application or most recent reappointment is accurate and has not changed, specifically the disclosure questions relating to my licensure or registration, clinical privileges, participation in benefit programs, health status, liability, and work history.

Signature of Applicant

Date

Printed or typed name of Applicant

Print Name _____

CASE LOG

Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CAHP-PHD-1(a))
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30				
			TOTAL	