

## LIST OF CLINICAL PRIVILEGES – SUBSTANCE ABUSE COUNSELOR

**AUTHORITY:** Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

**PRINCIPAL PURPOSE:** To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from military service.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges

### INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

**CODES:** 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.)

3. Not approved due to lack of facility support. (Reference local facility privilege list. Use of this code is reserved for the Credentials/Committee Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

**NAME OF APPLICANT:**

**NAME OF MEDICAL FACILITY:**

**ADDRESS:**

I Scope		Requested	Verified
<b>P389104</b>	Substance abuse counselors are behavioral health professionals who specialize in substance abuse prevention, treatment, and rehabilitation. Behavioral health professionals who work in this area include clinical psychologists (PhD or PsyD), social workers, marriage and family therapists, and licensed professional counselors. The scope of privileges includes the evaluation, diagnosis, and treatment of individuals with substance abuse issues utilizing a variety of behavioral health therapies and approaches. They perform consultation and refer patients with additional behavioral health and medical needs to appropriate resources.		
Diagnosis and Management (D&M)		Requested	Verified
<b>Army providers must select one of the following two choices</b>			
<b>P389106</b>	Supervised level: Social workers who have not yet achieved independent licensure, licensed professional counselors/mental health counselors who do not meet DoD and Service qualifications for independent practice, and clinical psychologists or marriage and family therapists who have not achieved substance abuse certification will work under a plan of supervision tailored to their training and competence		
<b>P389108</b>	Independent level: Clinical psychologists, social workers who have independent licensure (LCSW), and marriage and family therapists may provide services independently once they have achieved certification in substance abuse. Masters level providers with licensure as a licensed professional counselor/mental health counselor who meet DoD requirements for independent practice and who have substance abuse certification may also practice independently.		
Inpatient/Outpatient Assessment, Diagnosis and Care		Requested	Verified
<b>P389110</b>	Intake screening (Psychosocial history; Substance abuse as risk factor)		
<b>P389112</b>	Assessment and Provisional Diagnosis		
<b>P389114</b>	Outpatient treatment planning and implementation		
<b>P389120</b>	Inpatient treatment planning and implementation		
<b>P389066</b>	Perform Command / Unit needs assessments		
<b>P389068</b>	Consult with Medical / Allied Health Agencies		
<b>P389122</b>	Consult with community organizations and schools		
<b>P389124</b>	After care		
	Therapies:	Requested	Verified
<b>P388943</b>	Individual Therapy		
<b>P388945</b>	Group Therapy		

<b>P388949</b>	Marital /couple Therapy		
<b>P388947</b>	Family Therapy		
<b>P389077</b>	Crisis intervention		
<b>D&amp;M Advanced Privileges (Requires Additional Training):</b>		<b>Requested</b>	<b>Verified</b>
<b>P389126</b>	Adolescent therapy		
<b>P384914</b>	Biofeedback		
<b>Other (Facility- or provider-specific privileges only):</b>		<b>Requested</b>	<b>Verified</b>
SIGNATURE OF APPLICANT		DATE	
<b>II CLINICAL SUPERVISOR'S RECOMMENDATION</b>			
<p> <input type="checkbox"/> <b>RECOMMEND APPROVAL</b> <input type="checkbox"/> <b>RECOMMEND APPROVAL WITH MODIFICATION</b> <input type="checkbox"/> <b>RECOMMEND DISAPPROVAL</b> </p> <p style="margin-left: 150px;">(Specify below)</p> <p style="margin-left: 550px;">(Specify below)</p> <p><b>STATEMENT</b></p>			
<b>CLINICAL SUPERVISOR SIGNATURE</b>		<b>CLINICAL SUPERVISOR PRINTED NAME OR STAMP</b>	<b>DATE</b>