LIST OF CLINICAL PRIVILEGES – PSYCHIATRY

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
P383637	The scope of privileges in Psychiatry includes the evaluation, diagnosis, treatment and consultation to patients presenting with mental, behavioral, addictive, or emotional disorders. Psychiatrists treat patients of all ages through a variety of pharmacologic and nonpharmacologic therapies and may provide consultation to the courts and perform special military evaluations in accordance with DoD/Service policy. They may admit to the facility and may provide care to patients in the intensive care setting in accordance with MTF policies. They may also assess, stabilize, and determine disposition of patients with emergent conditions in accordance with medical staff policy.		

Diagnosis and Management (D&M)		Requested	Verified
P383639	Evaluation for special military programs (Personnel Reliability Program, weapons, etc.)		
P383641	Sanity boards		
P389122	Consult with community organizations and schools		
P389252	Psychological autopsies		
P389085	Hypnosis		
P384914	Biofeedback		

Therapies:		Requested	Verified
P388943	Individual Therapy		
P388945	Group Therapy		
P388949	Marital / Couple Therapy		
P388947	Family Therapy		

D&M Advanced Privileges (Requires Additional Training):		Requested	Verified
P383660	Addiction Psychiatry		
P383662	Child and Adolescent Psychiatry		
P383666	Forensic Psychiatry		
P383668	Geriatric Psychiatry		
P383670	Hospice and Palliative Medicine		
P383672	Pain Medicine		
P383674	Psychosomatic Medicine		

LIST OF CLINICAL PRIVILEGES – PSYCHIATRY (CONTINUED)

Procedures:		Requested	Verified
P383677	Electroconvulsive Therapy		
P383679	Transcranial magnetic stimulation		
P388335	Acupuncture		
Other (Facility- or provider-specific privileges only):		**Requested**	**Verified**

SIGNATURE OF APPLICANT	DATE

II	CLINICAL SUPERVISOR'S RECOMMENDATION

☐ **RECOMMEND APPROVAL**   ☐ **RECOMMEND APPROVAL WITH MODIFICATIONS** (Specify below)   ☐ **RECOMMEND DISSAPPROVAL** (Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE