

**NATCHITOCHEs REGIONAL MEDICAL CENTER**  
**Delineation of Clinical Privileges**  
**PSYCHIATRY**

**CATEGORY I**

\_\_\_Persons with this category of privileges may admit and treat persons with uncomplicated psychiatric disorders in the emergency room.

Physicians with Category I privileges are expected to seek consultation and supervision from a more experienced colleague when treating patients with unusual disorders, medical complications, and/or who fail to respond as expected to treatment. Specialized procedures such as sodium Amytal are done in consultation with and under the direction of a physician with unrestricted privileges to perform such procedures.

**CATEGORY II**

\_\_\_Privileges include all those encompassed in Category I and also permit treatment of complicated psychiatric conditions such as those involving difficult management problems because of concurrent medical or neurological conditions or other circumstance such as rarity of condition.

**CATEGORY III**

\_\_\_Psychiatrists who are granted Category III privileges shall meet the requirements for Category I and Category II privileges. They shall also possess training that qualifies them as specialists or subspecialists in an area of psychiatry. Evidence of qualification shall be either a certificate of completion of specialized training in a recognized area, a certificate from a recognized specialty board or greater than seven years experience.

Physicians in this category may provide specific consultative services to physicians with Category I privileges and to medical and surgical services in the hospital as well as to other colleagues.

SPECIALIZED TREATMENT PROCEDURES

<u>PRIVILEGES</u>	<u>PRIVILEGES REQUESTED</u>	<u>PRIVILEGES GRANTED</u>
<u>Specialized Procedures</u>		
Sodium Amytal Treatment	_____	_____
Hypnotherapy	_____	_____
Behavior Modification	_____	_____
Biofeedback	_____	_____
Sexual Therapy	_____	_____
Group Therapy	_____	_____
Family Therapy	_____	_____
Individual Therapy	_____	_____
Other procedures, specify _____	_____	_____
<u>Area of Specialty or Subspecialty</u>		
Child psychiatry	_____	_____
Psychoanalysis	_____	_____
Child psychoanalysis	_____	_____
Forensic psychiatry	_____	_____
Geropsychiatry	_____	_____
Other, specify _____	_____	_____

\_\_\_\_\_ Admission of patients to inpatient services

\_\_\_\_\_ Consultations Only

I am mentally and physically capable of performing the privileges in which I am requesting:

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**