

NAME: _____

DATE: _____

SIERRA VISTA HOSPITAL
800 East Ninth Street
Truth or Consequences, New Mexico 87901

DELINEATION OF PSYCHIATRY PRIVILEGES

This request for privileges must be completed for initial appointment or for re-appointment to the Medical Staff of Sierra Vista Hospital. The list of privileges for which recognition is required is not inclusive and may be changed from time to time through addition or deletion. Privileges not listed that you wish to have considered may be listed in the section titled "Other". Your request will be evaluated by the Medical Staff and you will be notified of its recommendation if it is different from your request.

I request appointment/reappointment to the Department of Psychiatry in the Staff Category of:

_____ Active _____ Consulting

I am qualified for and request the following privileges:

_____ Group Psychotherapy _____ Hypnosis _____ Medication Management

_____ Individual Psychotherapy _____ Family Psychotherapy

Other _____

Chief of Staff Date

Chairman of the Board Date

Administrator Date