



LANE REGIONAL MEDICAL CENTER
PRIVILEGES APPLICATION FORM
Medical

R G A

- Differential diagnosis & treatment of diseases of the liver
- Pulmonary function interpretation
- Differential diagnosis & treatment of the diseases of the edocrine system
- Differential diagnosis & treatment of the diseases of the musculoskeletal/collagen sym
- Differential diagnosis & treatment of the diseases of the blood/immune/or related sym
- Differential diagnosis & treatment of the diseases of the nervous system
- Differential diagnosis & treatment of the diseases of the skin
- Liver biopsy
- Renal biopsy
- Pleural biopsy
- Lung biopsy
- Differential diagnosis & treatment of the diseases of th G.I.
- Pericardial biopsy
- Small bowel biopsy
- Bone marrow biopsy
- Esophagoscopy
- Esophagoscopy - rigid
- Gastroscopy
- Duodenoscopy
- Peritoneoscopy

- ___ ___ ___ Proctoscopy
- ___ ___ ___ Sigmoidoscopy
- ___ ___ ___ pH Study with Bravo capsule
- ___ ___ ___ Stretta procedure
- ___ ___ ___ Bronchoscopy
- ___ ___ ___ Bronchoscopy - rigid
- ___ ___ ___ Differential diagnosis & treatment of the diseases of the genitourinary tract
- ___ ___ ___ Colonoscopy
- ___ ___ ___ Thoracentesis
- ___ ___ ___ Paracentesis
- ___ ___ ___ Joint aspiration
- ___ ___ ___ Pericardiocentesis
- ___ ___ ___ Bone marrow aspiration
- ___ ___ ___ Spinal tap
- ___ ___ ___ Conscious sedation
- ___ ___ ___ Cancer chemotherapy
- ___ ___ ___ Thrombophlebitis
- ___ ___ ___ Differential diagnosis & treatment of the diseases of the respiratory system
- ___ ___ ___ Acute peripheral embolism
- ___ ___ ___ Anaphylaxis, insect
- ___ ___ ___ Fever, inknown origin
- ___ ___ ___ Herpes zoster
- ___ ___ ___ Sexual transmitted diseases
- ___ ___ ___ Hemodialysis
- ___ ___ ___ Peritoneal dialysis
- ___ ___ ___ Neurology
- ___ ___ ___ EEG Interpretation

- Vent Management
- Differential diagnosis & treatment of the diseases of the cardiovascular system
- Sleep Study Interpretations
- Arterial line
- Swan Gantz
- Central line/Vas catheter
- Percutaneous Endoscopic Gastrostomy Tube (PEG) with surgeon
- Temporary pacemaker insertion
- Permanent packemaker insertion
- EKG interpretation
- ECHO cardigram interpretation
- Esophageal Motility Studies
- Holter monitor interpretation
- Stress test interpretation

Applicant signature _____ Date _____

STATEMENT OF CONFIDENTIALITY

It is the policy of Lane Regional Medical Center and the Medical Staff that any and all information concerning a patient of the facility is of a strictly confidential nature. THIS APPLIES TO VERBAL, WRITTEN OR FAX TRANSMISSIONS. Confidentiality is a right entitled to each patient beginning at admission or upon making a reservation for admission and the right is never terminated. It is the duty and responsibility of every physician, employee and volunteer of Lane Regional Medical Center to ensure that right, both at work and off duty.

By signing below, I signify that I understand and agree to the following:

1. I acknowledge that all information in the patient record (a medical/legal document) including evidence of patient identity as well as the course of clinical treatment is strictly confidential. I will abide by the policy of Lane Regional Medical Center and I will not jeopardize the patient's right to confidentiality (either verbally, in writing or via Fax transmission) of any information which may be used to identify a patient.
2. I agree that in reviewing records, data or hospital documents containing patient information that this information will be used only for the treatment of the patient.
3. I further understand that I could be subject to legal action for violation of any confidences related to patient information.

Name _____
(Please Print)

Signature

Date

PHYSICIAN
STATEMENT OF ACKNOWLEDGMENT

This is to verify that I have received a copy of the following notice to physicians:

NOTICE TO PHYSICIANS: Medicare/Champus payments to hospital is based in part on each patient's principal and secondary diagnoses and the major procedures performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal Funds may be subject to fine, imprisonment, or civil penalty under applicable Federal law.

Signature

Date

_____, M.D.
Printed Name