

# **(H) HEALTHSOUTH.**

## **Delineation of Privileges - Radiology**

Please indicate by a check in the requested column those privileges that are commensurate with your clinical ability, training and experience for which you are applying.

| <b>PRIVILEGES:</b>                    | <b>Requested</b> | <b>Approved</b> | <b>Denied</b> |
|---------------------------------------|------------------|-----------------|---------------|
| Interpretation of plain films         |                  |                 |               |
| <b>Radiologic Physics:</b>            |                  |                 |               |
| • Radiology equipment calibration     |                  |                 |               |
| • Radiology equipment quality control |                  |                 |               |
| <b>Other, please specify:</b>         |                  |                 |               |
| •                                     |                  |                 |               |
| •                                     |                  |                 |               |
| •                                     |                  |                 |               |

Your initials as used in Medical Records \_\_\_\_\_

Your signature as used in Medical Records \_\_\_\_\_

I, \_\_\_\_\_, hereby request privileges in the specialty of Radiology as indicated. I understand that privileges requested may differ from those approved. I further understand that this request does not preclude me from requesting additional privileges in the future.

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Date

### **APPROVAL:**

My recommendation in regard to clinical privileges and membership is based on review and evaluation of relevant verified education, training or experience, current licensure, current competence and the applicant's ability to exercise privileges requested -

- Qualified to receive Medical Staff membership and clinical privileges as requested.
- Qualified to receive Medical Staff membership and clinical privileges with changes noted: \_\_\_\_\_
- Not qualified to receive Medical Staff membership and clinical privileges as requested: \_\_\_\_\_

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Date