



Medical Staff Category and Specialty

Name in Full: _____ Date: _____

Office Address: _____

Office Telephone: _____

1. Please indicate your clinical specialty and the category in which appointment and clinical privileges are desired.

A. Category: _____
(See next page for definitions: Active, Associate, Affiliate)

B. Specialty (Check all that apply - a Delineation of Privileges Form must be completed for each specialty for ACTIVE & ASSOCIATE members only)

- | | |
|---|---|
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Cardiothoracic Surgery | <input type="checkbox"/> Pulmonary Medicine |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Radiology/Nuclear Medicine |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Spine Surgery |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Gynecologic Oncology | <input type="checkbox"/> Vascular Surgery |
| <input type="checkbox"/> Hematology/Oncology | |
| <input type="checkbox"/> Infectious Diseases | |
| <input type="checkbox"/> Internal Medicine | |
| <input type="checkbox"/> Nephrology | |
| <input type="checkbox"/> Neurology | |
| <input type="checkbox"/> Orthopedic Surgery | |
| <input type="checkbox"/> Otolaryngology | |
| <input type="checkbox"/> Pathology | |
| <input type="checkbox"/> Plastic Surgery | |

Signature: _____

Date: _____

Section 2.3 The Active Medical Staff

The Active Medical Staff shall consist of Practitioners who may regularly admit patients to the Hospital; who, in the judgment of the Governing Body, live and practice close enough to the Hospital to permit them to provide continuous care to their patients or demonstrate arrangements for alternative medical coverage for a patient for whom they are responsible with an appropriately privileged staff member and who assume all the functions and responsibilities of the membership on the Active Medical Staff. An Active Staff member must admit or otherwise provide invasive procedures, consultations, in-patient care, emergency room evaluations, or anesthesia care to more than one hundred twenty (120) patients in the Hospital over any two-year period. Failure to do so will result in a change of status to Associate Medical Staff, as defined below. Members of the Active Medical Staff shall be eligible to vote; and hold office or serve as committee Chairman or in Directorship. Members may serve on Medical Staff committees; and shall be encouraged to attend all regular and special meetings of each Department and committee of which he/she may be a member each year. At the time of reappointment, if an Active medical staff member has not provided care to the above requisite number of patients s/he shall be offered the choice of moving to the Associate medical staff or extending his/her Active medical staff status for the next reappointment cycle. Two consecutive reappointment cycles where the member has not provided care to the requisite number of patients as provided above shall automatically change their status to Associate Medical Staff.

Section 2.4 Associate Medical Staff

(a) Requirements

(i) Associate Staff members must provide continuing care to their patients and assure availability within a reasonable time period or demonstrate arrangements for alternative medical coverage for a patient for whom they are responsible with an appropriately-privileged staff member. Associate Staff members may admit or otherwise provide services to no more than one hundred twenty (120) patients in the Hospital over any two-year period. An Associate Staff member who exceeds this limit shall automatically be transferred to the Active Staff and shall be so notified by the Hospital. If an Associate Staff member has had no admissions to or otherwise provided services at the Hospital during the preceding appointment period, s/he shall be given a one-year provisional reappointment. If s/he still has not had any admissions to or otherwise provided services at the Hospital during the provisional year, s/he shall be given the option of joining the Affiliate staff or resigning from the Medical Staff.

(ii) Associate Staff members must hold an active staff appointment at a Joint Commission or equivalent accredited hospital.

(iii) Associate Staff members must, at the conclusion of their initial appointment and at each reappointment time, provide such evidence of clinical performance at their principal institution in such form as may be required by the applicable Medical Staff and Hospital authorities in order to allow an appropriate judgment to be made with respect to his/her ability to exercise the clinical privileges requested.

(b) Prerogatives of Associate Status

- (i) Associate Staff members may admit and otherwise provide services to patients subject to the limitations in the Medical Staff Bylaws, the Rules and Regulations and Hospital admission policies.
- (ii) Associate Staff members may exercise such clinical privileges that they are granted.
- (iii) Associate Staff members may attend Medical Staff meetings and be appointed to Staff and Department, and Hospital committees upon a vote of the appointing authority. Associate Staff members may only serve as committee Chairman if approved by the Medical Executive Committee

(c) Obligations of Associate Status

- (i) Associate Staff members must meet the basic obligations provided in the Medical Staff Bylaws.
- (ii) Associate Staff members must participate equitably in the discharge of the Staff functions as reasonably assigned by the applicable Medical Staff official by participating in the Hospital's continuing medical education and compliance programs, and reviewing the performance of Practitioners during the provisional periods.

Section 2.5 The Affiliate Medical Staff

(a) Requirements

- (i) The Affiliate Medical Staff shall consist of Practitioners of recognized professional ability who are not members of another category of the Medical Staff. The Affiliate Staff consists of those individuals who desire to be associated with the Hospital but who do not wish to exercise clinical privileges on an inpatient basis.
- (ii) The primary purpose of the Affiliate Staff is to permit these members access to Hospital services for their patients by referral to members of the Active Staff, while at the same time providing follow-up care, on an outpatient basis to their established patients.

(b) Prerogatives and Responsibilities:

Affiliate Staff Members:

- (i) may not hold office or serve as department chairs or committee chairs;
- (ii) may not admit patients to the Hospital. Affiliate Medical Staff members are limited to treating patients on a "consulting" basis only, at the request of the attending Practitioner;

- (iii) may work cooperatively with admitting physician and care providers;
- (iv) may not admit patients, attend patients, exercise inpatient clinical privileges, write inpatient orders or progress notes, assist in surgery, make notations in the medical record (except as provided in (v) below), or otherwise participate in the provision or management of clinical care to patients at the Hospital;
- (v) may write abbreviated progress notes for hospitalized patient with whom they have a professional relationship which may include only general impressions of the patient's current status. Progress notes written by Affiliate Staff members may not include plans of care, alterations to current plans of care, or any other instructions directed towards the attending physician regarding treatment plans or medical management of the patient;
- (vi) may refer patient to the Hospital's diagnostic facilities;
- (vii) may attend meetings of the Medical Staff and applicable department and section meetings and applicable committee meetings;
- (viii) may attend educational activities sponsored by the Medical Staff and the Hospital;
- (ix) may refer patients to members of the Active Staff for admission and/or care;
- (x) are encouraged to submit their relevant outpatient records for inclusion in the Medical Center's medical records for any patient who are referred;
- (xi) may review the medical records and test results for any patients who are referred;



HEART HOSPITAL *of* NEW MEXICO

Physician Acknowledgment

Notice to Physicians: Medicare payment to hospitals 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 fines, imprisonment, or civil penalty under applicable Federal laws. (§412.48©(1)).

Attending Physician's
Name (printed): _____

Attending Physician's
Legal Signature: _____

Date: _____



HEART HOSPITAL *of* NEW MEXICO

Applicant's Consent and Release

I hereby apply for Medical Staff appointment and clinical privileges as requested above. I am willing to make myself available for interviews in regard to this application.

As an Applicant, I have the burden of producing adequate information for proper evaluation of my application. I also agree to provide the Hospital with updated current information regarding all questions on this application form as such information becomes available and such additional information as may be requested by the Hospital or its authorized representatives. Failure to produce this information or additional information will prevent my application from being evaluated and acted upon.

All information given in or attached to this application is accurate and fairly represents the current level of my training, experience, capability and competence to practice the clinical privileges requested. As a condition to making this application, any misrepresentation or misstatement in, or omission from this application, whether intentional or not, shall constitute cause for automatic and immediate rejection of this application resulting in denial of appointment and clinical privileges. In the event that appointment or privileges have been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery may result in immediate termination of such appointment or privileges.

By applying for appointment and clinical privileges, I accept the following conditions during the processing and consideration of my application, whether or not I am granted appointment or privileges, and for the duration of such appointment or reappointments as I may be granted.

- a) I extend immunity to, and release from any and all liability, the Hospital, its authorized representatives, and any third parties, as defined in subsection (c) below, for any acts, communications, reports, records, statements, documents, recommendations or disclosures made in accordance with the standards specified in Section 412(a) of the Health Care Quality Improvement Act of 1986, involving me, performed, made, requested or received by this Hospital and its authorized representatives to, from or by any third party, including otherwise privileged or confidential information, relating, but not limited to, the following:
 - 1) applications for appointment or clinical privileges, including temporary privileges;
 - 2) periodic reappraisals undertaken for reappointment or for change in clinical privileges;

- 3) proceedings for suspension or reduction of clinical privileges or for denial or revocation of appointment, or any other disciplinary sanction;
- 4) summary suspensions;
- 5) hearings and appellate reviews;
- 6) medical care evaluations;
- 7) utilization reviews;
- 8) any other Hospital, Medical Staff, department, service or committee activities;
- 9) matters or inquiries concerning my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behavior; and
- 10) any other matter that might directly or indirectly have an effect on my competence, on patient care or on orderly operation of the Hospital or any other hospital or health care facility.

The foregoing shall be privileged to the fullest extent permitted by law. Such privilege shall extend to the Hospital and its authorized representatives, and to any third parties.

- b) I specifically authorize the Hospital and its authorized representatives to, at the appropriate time, consult with any third party who may have information, including otherwise privileged or confidential information, bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior or any other matter bearing on my satisfaction of the criteria for initial or continued appointment to the Medical Staff, as well as to inspect or obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of said third parties relating to such questions. I also specifically authorize said third parties to release said information to the Hospital and its authorized representatives upon request.
- c) The term "Hospital and its authorized representatives" means the Hospital and any of the following individuals who have any responsibility for obtaining or evaluating my credentials, or acting upon my application or conduct in the Hospital: the members of the Heart Hospital of New Mexico Authority Governing Body ("Governing Body") and their appointed representatives, the President of the Hospital or his designees, other Hospital employees, consultants to the Hospital, the Hospital's attorneys and all appointees to the Medical Staff. The term "third parties" means all individuals, including appointees to the Hospital's Medical Staff, and appointees to the medical staffs of other hospitals or other physicians or health practitioners, nurses or other government agencies, organizations, associations, partnerships, corporations, whether

hospitals, health care facilities or not, from whom information has been requested by the Hospital or its authorized representatives or who have requested such information from the Hospital and its authorized representatives.

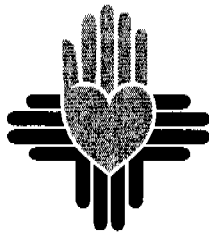
I acknowledge that (1) Medical Staff appointment and clinical privileges at this Hospital are not a right of every licensed professional who makes application for the same; (2) my request will be evaluated in accordance with prescribed procedures defined in the Hospital and Medical Staff Bylaws, Rules and Regulations; (3) all Medical Staff recommendations relative to my application are subject to the ultimate action of the Governing Body, whose decision shall be final; (4) I have the responsibility to keep this application current by informing the Hospital, through the President of the Hospital, of any change in my professional liability insurance coverage, the filing of a lawsuit against me and any change in my Medical Staff status at any other hospital; and (5) reappointment and continued clinical privileges shall be in accordance with any contractual relationship I may enter with the Hospital and shall remain contingent upon my continued demonstration of professional competence and cooperation and acceptable performance of all responsibilities related thereto as well as the other factors deemed relevant by the Hospital. Reappointment and continued clinical privileges shall be granted only on formal application, according to Hospital and Medical Staff Bylaws, Rules and Regulations, and upon final approval of the Governing Body.

I have received and have read a copy of the Bylaws and Rules and Regulations of the Hospital and such policies and directives as are applicable to appointees to the Medical Staff, including the Bylaws and Rules and Regulations of the Medical Staff presently in force. I specifically agree to abide by all such Bylaws, policies, directives and Rules and Regulations, including any amendments thereto, as are in force during the time I am appointed or reappointed to the Medical Staff or exercise clinical privileges at the Hospital.

If appointed or granted clinical privileges, I specifically agree to (1) refrain from fee splitting or other inducements relating to patient referral; (2) refrain from delegating responsibility for diagnosis or care of hospitalized patients to any other practitioner who is not qualified to undertake this responsibility or who is not adequately supervised; (3) refrain from deceiving patients as to the identity of any practitioner providing treatment or services; (4) seek consultation whenever necessary or required; (5) abide by generally recognized ethical principles applicable to my profession; (6) provide or arrange for the provision of continuous care and supervision as needed to all patients in the Hospital for whom I have responsibility; and (7) accept committee assignments and such other duties and responsibilities as shall be assigned to me by the Governing Body and Medical Staff.

Signature: _____ Date: _____

Type or print name: _____



HEART HOSPITAL of NEW MEXICO

ALLIED HEALTH PROFESSIONAL
SPONSORING PHYSICIAN STATEMENT
(To be completed by sponsoring physician only)

STATE OF NEW MEXICO
COUNTY OF BERNALILLO

KNOW ALL MEN BY THESE PRESENTS:

WHEREAS, _____, hereinafter called "Physician" is a member of the Medical Staff of the Heart Hospital of New Mexico and;

WHEREAS, Physician has applied to bring into the Heart Hospital of New Mexico the nurse, technician, or other personnel named below who is employed or contracted by the Physician for the purpose of assisting the Physician in connection with Physician's practice in the Heart Hospital of New Mexico; and,

WHEREAS, The Heart Hospital of New Mexico has agreed to grant said permission provided that Physician will indemnify, and hold harmless, the Heart Hospital of New Mexico, as hereinafter provided, which Physician has agreed to do:

NOW, THEREFORE, in consideration of the Heart Hospital of New Mexico granting to Physician permission to bring into the Heart Hospital of New Mexico the hereinafter named agents and employees of Physician for the purpose of assisting Physician in his or her medical practice. Physician hereby agrees to indemnify the Heart Hospital of New Mexico against all liability, penalties, damages, expenses, claims, suits, demands, and judgments arising from or out of the acts or omissions of Physician's said agents and employees during their presence in said Heart Hospital of New Mexico on behalf of Physician. If any action or proceeding is brought against the Heart Hospital of New Mexico by reasons of any alleged act or omission on the part of Physician's said agents or employees, Physician, upon written notice from the Heart Hospital of New Mexico, will at Physician's expense resist or defend such action or proceedings by counsel approved in writing by the Heart Hospital of New Mexico. Physician agrees that this indemnification and agreement shall apply to the acts or omissions of all agents or employees of Physician while present in said Heart Hospital of New Mexico on behalf of Physician, to-wit:

Allied Health Professional's Name: _____

Who will assist me as: _____
Classification

Signed this _____ day of _____, _____.

Signature of Physician _____

Print Full Name of Physician _____