



Artesia General Hospital

Geriatric Psychiatry Nurse Practitioner Privileges

Requested Staff Category: Allied Health

Life Threatening Emergency: At the time of a clinical emergency, any practitioner may render whatever care he/she believes to be indicated.

Basic Education: RN/Certified Nurse Practitioner; Current NM RN and Nurse Practitioner License;

Minimal Formal Training: Successful completion of any Masters level nurse practitioner program. Must be ANCC Board Certified.

Required Previous Experience: The successful applicant must be able to demonstrate that he or she has provided inpatient or consultative services for at least 12 patients during the past 12 months.

Requested	Granted	Privilege
		Medical History and Physical Examination – Adult
		General Uncomplicated Medical Management – Adult
		Pharmacotherapy – Medical and Psychiatric
		Psychosocial Assessment
		Psychiatric Consultation
		Psychiatric Evaluation
		Individual Psychotherapy
		Group Psychotherapy
		Family Psychotherapy
		Restraint Application
		Emergency Department On-Call Coverage

Other Privileges:

Other privileges requested for which you have current clinical competency may be listed below. Documentation of training and/or experience must be provided for any special privileges requested. I understand that by making this request, I am bound by Artesia General Hospital's applicable bylaws and policies and hereby stipulate that I meet the minimum threshold criteria for this request.

Requested	Granted	Privilege

Supervision: The nurse practitioner shall function in a collaborative practice arrangement under the direction and responsible supervision of a practicing physician on the AGH active medical staff. Supervision is defined as the responsibility of the supervising physician to review with the Nurse Practitioner the findings of the patient's history and physical examination/assessment and the performance of the Nurse Practitioner of approved tasks, procedures, duties, and review the Nurse Practitioner's written record of these findings and the procedures performed. Additionally, the supervising physician shall have the responsibility to document that supervision, as defined above, has been provided and to co-sign each chart as evidence.

I understand that it is my obligation to notify the Chief of Staff of any procedure or mode of medical care in which I might engage that is not listed. I certify I am qualified and have professional liability insurance coverage for practice within the scope of privileges requested.

Nurse Practitioner Printed Name

Signature

Date

I have reviewed the above requested privileges and supervision requirements. I agree to supervise this Nurse Practitioner in the performance of the approved privileges as specified.

Supervision Physician Printed Name

Signature

Date

Reviewed By: _____

Title: _____



CONFIDENTIALITY STATEMENT

I, _____, understand that in performance of my duties at Artesia General Hospital, I am required to have access to and am involved in the processing of patient care data. I understand that I am obligated to maintain the confidentiality of these data at all times, both at work and off duty. I understand that a violation of these confidentiality considerations may result in disciplinary action, including termination. I further understand that I could be subject to legal action. I agree to comply with information security policies for Artesia General Hospital concerning the privacy and confidentiality consideration of patient care.

Signature

Date



MEDICAL STAFF SIGNATURE AUTHENTICATION FORM

Medicare regulation 482.24, authentication of signature, requires that the medical records department maintain a current list of authenticated signature, written initials, codes and stamps, when such are used for authorship.

Physician Name and Title (PRINTED)

Date

Physician Signature

Physician Initials

Approved Signature Stamps or Seals:

Original: Credential File
CC: Pharmacy, Medical Records



PHYSICIAN'S ACKNOWLEDGEMENT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) requires hospitals to obtain a signed ***Physician's Acknowledgement Statement*** from any physician who is being granted admitting privileges at that Hospital.

Your signature acknowledges that you have received the following notice [42 CFR 41246 (b)]:

Notice to Physicians: Medicare payment to hospitals is based in part on each patient's principal and secondary diagnosis, and the major procedure 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 laws.

Physician Name and Title (PRINTED)

Date

Physician Signature

UPIN/NPI #



BYLAWS ACKNOWLEDGEMENT OF RECEIPT

I, _____, acknowledge that I have read and understood the Medical Staff Bylaws, Rules and Regulations of Artesia General Hospital.

Furthermore, I agree to abide by all such Bylaws, Rules and Regulations, Hospital Policies and Directives during the time I remain appointed to the Medical Staff or Allied Health Professional Staff of Artesia General Hospital.

Physician Name and Title (PRINTED)

Date

Physician Signature