

LAS CLINICAS DEL NORTE
 DELINEATION OF PRIVILEGES
 Counseling and Community Service
 FOR

LEVEL ONE = GENERAL
 LEVEL TWO = SPECIAL

PRIVILEGES	PRIVILEGE REQUESTED	CCS DIRECTOR APPROVAL	SPECIAL CONSIDERATIONS/ COMMENTS
LEVEL ONE:			
COUNSELORS & PHYSICIANS			
Intake Behavioral Assessment			
Individual Treatment: Adults			
Individual Treatment: Children & Adolescents			
Individual Treatment: Substance Abuse			
Families & Couples Therapy			
Group Therapy			
OTHER PROCEDURES:			
PHYSICIANS ONLY			
LEVEL TWO			
Psychiatric Assessment: Adults			
Psychiatric Assessment: Children & Adolescents			
Psychiatric Assessment: Other (Specify)			
Medication Management: all above groups			
OTHER PROCEDURES:			

I hereby request the privileges identified above. Furthermore, I am physically and mentally capable to perform the above requested privileges.

 Applicant's Signature _____
 Date

PRIVILEGES: _____ Temporary pending CCS/Peer Review Meeting

APPROVED: _____ APPROVED WITH MODIFICATIONS: _____ DENIED: _____

 CCS DIRECTOR _____
 Date