



**Delineation Of Privileges**  
Psychiatry Privileges

Provider Name:

Privilege	Requested	Tabled	Approved
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**PSYCHIATRY - CORE PRIVILEGES**

**Criteria:**

- a) Board Certification or qualified for certification by the American Board of Psychiatry and Neurology; OR,
- b) Successful completion of an ACGME or AOA approved Psychiatry training program requiring certification by a Training Director regarding experience and demonstrated competence to perform the procedure(s) being requested.

**Proctoring Requirements:** A minimum of eight (8) cases, in accordance with the Section Rules and Regulations.

**GENERAL PRIVILEGES**

Admitting Privileges \_\_\_

Restraint and Seclusion \_\_\_

**Criteria:** Requires successful completion of the Restraint and Seclusion Assessment Test

Consultation Privileges Only \_\_\_

(Includes privileges to perform consultations for psychiatric patients only. Physicians granted "Consultation Privileges Only" do NOT have privileges to admit patients, provide patient care independently, perform medical history or physical exams, write orders or prescribe medications.)

Sedation Analgesia \_\_\_

**Criteria:** Requires successful completion of the Sedation Assessment Test

**Additional criteria effective April 1, 2015:** a) Evidence of current ACLS and/or PALS certification from the American Heart Association; AND b) Evidence of completion of an Airway Management Course

a) Adult Sedation \_\_\_

b) Pediatric Sedation (17 years and under) \_\_\_

**PSYCHIATRY CORE PRIVILEGES**

Includes the management and coordination of care, treatment and services for patients over the age of thirteen (13), including: Psychiatric history and evaluation, consultations and prescribing medication in accordance with DEA certificate. (ACC)

Adult Psychiatric assessment and treatment \_\_\_

Individual Psychotherapy \_\_\_



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Psychopharmacology	—	—	—
Family/couple psychotherapy	—	—	—
Behavior therapy (excludes aversion treatment)	—	—	—
5250 Holds	—	—	—
30-Day Holds	—	—	—
Temporary conservatorships	—	—	—

**PSYCHIATRY - SUPPLEMENTAL PRIVILEGES**

**Criteria:** Applicants must meet the criteria outlined for Core Psychiatry privileges; AND meet the criteria identified for each specific Supplemental privilege listed below.

**Competency Requirements:** As outlined under each supplemental privilege below.

**Proctoring Requirements:** As outlined under each supplemental privilege below.

**PSYCHIATRY SUPPLEMENTAL PRIVILEGES**

***Child Psychiatry Privileges*** (Includes psychiatric assessment and treatment of patients age 13 and under. —   —   —

**Criteria:** Applicants must provide documentation of completing a two-year ACGME or AOA approved fellowship program in Child Psychiatry.

**Proctoring Requirement:** A minimum of eight (8) cases.

***Electroconvulsive Therapy***

**Criteria:** Requires electroconvulsive therapy certification, AND documentation of current clinical competence. Include a copy of this certificate. —   —   —

**Competency Requirement:** Evidence of performing at least three (3) procedures over a two-year period.

**Proctoring Requirements:** A minimum of three (3) cases under direct observation.

***Placement of 5150 Holds***

**Criteria:** Proof of certification by the Los Angeles County Department of Mental Health Services is required. Attach copy of this certification. —   —   —

**Competency Requirement:** Evidence of performing at least three (3) procedures over a two-year period.



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**Proctoring Requirement:** A minimum of eight (8) cases.

**Addiction Psychiatry**

**Criteria:** Completion of an ACGME or AOA accredited fellowship in Addiction Psychiatry or holds a current addiction certification from the American Society of Addiction Medicine, or holds a subspecialty board certification in addiction medicine from the American Osteopathic Association.

**Competency Requirements:** Evidence of managing and treating at least three (3) patients over a two year period.

**Proctoring Requirements:** A minimum of eight (8) cases.

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**Prescription and Monitoring of Buprenorphine**

**Criteria:** Completion of SAMSHA approved course training on the use of Buprenorphine with DEA waiver to prescribe Buprenorphine.

**Competency Requirements:** Evidence of managing and treatment at least six (6) patients over a two-year period.

**Proctoring Requirements:** A minimum of eight (8) cases.

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*Last Revised: 4/26/07; 12/16/10; 06/23/11; 10/30/14*

**ACKNOWLEDGEMENT OF THE PRACTITIONER:**

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation; b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DEPARTMENT CHAIR RECOMMENDATIONS**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: \_\_\_\_\_ YES \_\_\_\_\_ NO

Exceptions/Limitations (Please Specify): \_\_\_\_\_



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**APPROVALS:**

Section Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Credential Committee Approved on: \_\_\_\_\_

Medical Executive Committee Approved on: \_\_\_\_\_

Board of Directors Approved on: \_\_\_\_\_