

**MOORE COUNTY HOSPITAL DISTRICT**

224 E 2nd Street, Dumas, TX 79029

**PSYCHIATRY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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Effective From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

**QUALIFICATIONS FOR GENERAL PSYCHIATRY**

<b><i>Education and training</i></b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in psychiatry.
<b><i>Certification</i></b>	Current certification or board eligible with achievement of certification within five (5) years of joining the medical staff leading to certification in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.
<b><i>Required current experience – initial</i></b>	Demonstrated current competence and adequate volume of experience, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<b><i>Required current experience – renewal</i></b>	Demonstrated current competence and an adequate volume of experience, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

**CORE PRIVILEGES – GENERAL PSYCHIATRY****Requested** ☐

Evaluate, diagnose, treat, and provide consultation to patients via a tele-link **or in-person**, presenting with mental, behavioral, addictive, or emotional disorders, e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, and adjustment disorders. Privileges include providing consultation with physicians in other fields regarding mental, behavioral, or emotional disorders, pharmacotherapy, psychotherapy, family therapy, behavior modification, consultation to the courts, and emergency psychiatry as well as the ordering of diagnostic, laboratory tests, and prescribing medications. Includes the performance of a history and physical exam.

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**ACKNOWLEDGEMENT OF PRACTITIONER**

Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Moore County Hospital District, and I understand that:

- a. In exercising any 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**DEPARTMENT CHIEF'S RECOMMENDATION**

***I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s): (If recommended with conditions or do not recommend, please provide explanation.)***

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Department Chief Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Medical Executive Committee Action** ☐ **Favorable** **Date** \_\_\_\_\_

**Medical Staff Committee Action** ☐ **Favorable** **Date** \_\_\_\_\_

**Board of Directors Action** ☐ **Approved** **Date** \_\_\_\_\_