

PACIFIC HOSPITAL OF LONG BEACH
DELINEATION OF PRIVILEGES
Department of Medicine/Family Practice
Psychiatry

Name of Applicant: _____

Board Certification: _____ Year of Certification: _____

Subspecialty: _____ Year of Certification: _____

PRIVILEGES	QUALIFICATIONS/CRITERIA
Category I	
	<ul style="list-style-type: none"> - Current California Physician & Surgeon medical license - Documented training and experience - Current clinical competence within the past 24 months - Ability to perform privileges requested - M.D. or D.O. degree. Completion ACGME or AOA approved residency training program in Psychiatry (or equivalent) - Board Certification by the American Board of Neurology/psychiatry or have completed the prerequisites for Board Certification preferred (or AOA equivalent). Documentation that treatment has been provided to three (3) inpatients for the previous one-year period.

Pacific Hospital of Long Beach <i>Psychiatry privilege form</i>			
<i>Requested</i>	<i>Usual and Customary Privileges</i>	<i>Granted</i>	<i>Special Conditions</i>
	Category I		
	General		
	Admission of patients to the hospital for evaluation and treatment (psychotherapy and chemotherapy) of psychiatric problems including psychotic disorders, mood disorders, anxiety disorders, somatoform disorders, organic mental disorders, impulse disorders, and comorbid chemical abuse disorders.		
	Group therapy		
	Independent medical evaluation		
	Individual and family psychotherapy		
	Psychiatric consultation on		

Name: _____

Pacific Hospital of Long Beach <i>Psychiatry privilege form</i>			
	medical/surgical units		
	Special Procedures		
	***Involuntary holds		
	Psychological testing		
	Other		
	**Sodium Amytal interview		
	**Hypnotherapy		
	Sexual therapy		

Signature of Applicant

Date

APPROVALS:

Exceptions/limitations: _____

Service Chief/Division Chief of Medicine/Family Practice

Date

Credentials Committee approval on: _____

Medical Executive Committee approved on: _____

Board of Directors approved on: _____

**Documentation of training/current competence required

***Must be designated by Los Angeles County, Patients' Rights

Name: _____