LEVEL I (CORE) PRIVILEGES
Must be board eligible or board certified within three years. Exceptions only with prior approval from the Clinical Director.

Level 1 (core) privileges are those able to be performed after successful completion of an accredited residency program in that core specialty. The removal or restriction of these privileges would require further investigation as to the individual’s overall ability to practice, but there is no need to delineate these privileges individually.

History and Physical for Medical/Psychiatric diagnosis and treatment plan
Admitting Privileges - "Physicians granted admitting privileges shall have competence, experience, knowledge and training in the field of psychiatry. They shall be granted privileges to admit to the designated psychiatric unit and/or med/psych units. They will be expected to oversee the care of the patient and call upon appropriate consultative assistance from alternative specialties, when appropriate and in the best interest of patient care."

Psychopharmacologic therapy and somatic therapies
Psychiatric Consultation
Psychotherapy Group
Psychotherapy Individual
Family therapy
Behavioral therapy

PLEASE NOTE: Please check the box for each privilege requested. Do not use an arrow or line to make selections. We will return applications that ignore this directive.

LEVEL II PRIVILEGES
Must show appropriate training or certified internally.

<table>
<thead>
<tr>
<th>PRIVILEGE</th>
<th>PHYSICIAN REQUEST</th>
<th>Granted</th>
<th>Not Granted</th>
<th>With Following Requirements** (Provide Details)</th>
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<tbody>
<tr>
<td>ECT</td>
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<tr>
<td>Spinal Taps</td>
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<td>Hypnosis for diagnosis and/or therapy</td>
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LEVEL III PRIVILEGES
Requires additional documented training in child psychiatry or Board Certification as a Child Psychiatrist.

<table>
<thead>
<tr>
<th>PRIVILEGE</th>
<th>PHYSICIAN REQUEST</th>
<th>Granted</th>
<th>Not Granted</th>
<th>With Following Requirements** (Provide Details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation of children age 12 and under</td>
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</table>

KEY

*NOT GRANTED DUE TO: Provide Details Below

1) Lack of Documentation
2) Lack of Required Training/Experience
3) Lack of Current Competence (Databank Reportable)
4) Other (Please Define) (i.e., Exclusive Contract)

**WITH FOLLOWING REQUIREMENTS Provide Details Below

1) With Consultation
2) With Assistance
3) With Proctoring
4) Other (Please Define)

DETAILS: ___________________________________________
National Practitioner Databank Disclaimer Statement
Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.)

______________________________________________________________/Date
Signature of Applicant

______________________________________________________________/Date
Signature of Chief of Service

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS

(Psychiatry – 9-2017)