

Privileges in Psychiatry

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications	
Initial Core Criteria Education/Training Psychiatrist	<p>Successful completion of an ACGME or AOA-accredited residency in Psychiatry or foreign equivalent training.</p> <p>AND</p> <p>Successful completion of an ACGME or AOA-accredited residency or fellowship in either Child Psychiatry or Child & Adolescent Psychiatry or foreign equivalent training</p> <p>AND</p> <p>Current board certification in General Psychiatry and Child and Adolescent Psychiatry, or active participation in the examination process leading to certification in General Psychiatry and Child and Adolescent Psychiatry. Certification for both General Psychiatry and for Child and Adolescent Psychiatry must be obtained within four years of obtaining privileges at LPCH. Certification must be by the American Board of Psychiatry & Neurology or the American Osteopathic Board of Psychiatry or foreign equivalent training/board (after review and approval by the service chief).</p> <p>AND</p> <p>Documentation or attestation of the management of problems for at least 30 inpatients or outpatients as the attending physician (or senior resident), during the past 2 years.</p>
Exception	<p>Exceptions in which an applying psychiatrist has only General Psychiatry training and certification, but the focus of the clinical work will be on adolescents (age 16 years and older) with specific psychiatric disorders in an age spectrum program (see below) or on pregnant women who are hospitalized at LPCH.</p> <p>Exceptions in which an applying internal medicine or and family medicine physician has only internal medicine or and family medicine training, respectively, AND board certification in addiction medicine AND the focus of the clinical work will be on adolescents (age 16 years and older) and adults with substance use disorders who are hospitalized at LPCH.</p>
FPPE Chart Reviews	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	CORE Psychiatry Privileges	
	Privileges to admit, evaluate, consult, perform history and physical exam, and provide treatment to children, adolescents, and adults including obstetric patients who suffer from mental, behavioral, or emotional disorders. Evaluation and treatment of children and adolescents under 18 may include the following patient-related activities with their parents and/or legally designated caretakers: meetings to obtain information necessary for diagnosis of their child, interpretation of diagnostics and treatment findings, parent counseling, and family therapy. Privileges include evaluation and treatment of patients with the following disorders or situations: : Suicidality; Substance abuse, Sexual abuse; physical abuse, or neglect; Mood disorders; Anxiety disorders; Attention deficit disorder and Disruptive behavior disorders; Pervasive developmental disorders (Autism Spectrum Disorders); Eating and feeding disorders; Schizophrenia & other psychotic disorders; Tic disorders; Other child disorder of infancy, childhood, or adolescence; Elimination disorders; Delirium, Factitious disorders, Somatoform disorders, Dissociative disorders, Sexual & Gender Identity Disorders; Personality disorders; Psychological factors affecting medical conditions; Mental disorders due to a general medical condition; Pediatric and obstetric psychiatry consultation; Consultation with parents or caretakers of patients related to mental disorders or response to medical diagnoses or treatments of child and adolescent patients; Patients over 18 who are still being followed for ongoing conditions at LPCH; Patients over 18, when appropriate, Individual, family, and group therapies; All pregnant patients over 16 years old (in addition to patients with all other types of mental disorders as defined by the Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases)	

Qualifications

Renewal Criteria Minimum 40 cases during the past two years

FPPE

Core - (Chart Review)
Core - (Direct Observation)

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required]	
	Clinical Hypnosis [Initial Criteria - • Membership in a professional society consistent with degree; • Minimum of 20 hours of approved (e.g. American Society of Clinical Hypnosis; psychiatry residency education curriculum) training; • Minimum of 20 hours of individualized training/consultation with an American Society of Clinical Hypnosis (or other recognized professional organization e.g. licensed psychiatrist or psychologist) Approved Consultant; • Minimum of one year of independent practice utilizing clinical hypnosis. • If the applicant does not meet the criterion of independent practice utilizing clinical hypnosis, Privileges for Clinical Hypnosis may be granted with the stipulation that FIVE cases of hypnosis be supervised by an LPCH clinician who already has Privileges for Clinical Hypnosis. Renewal Criteria - Minimum 10 cases required in the past two years.]	

FPPE

Clinical Hypnosis - (Chart Review)

Clinical Hypnosis - (Direct Observation)

Age Spectrum Disorders (SHC Providers only): The section below is for general psychiatrists, internal medicine & family medicine providers who have not completed formal training in child and adolescent psychiatry. If you have training in child and adolescent psychiatry, skip the next section and go to "Acknowledgment of Applicant."

Description: Please provide evidence of previous training or experience supporting special skills in the adolescent patient population (age 16 year and older) interested in treating at LPCH

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Core: Age Spectrum Disorder Privileges	
	Psychotic Disorders	
	ADHD and Disruptive Behavior Disorders	
	Mood and Anxiety Disorders	
	Eating Disorders	
	Autism Spectrum Disorder and Intellectual Disabilities	
	Substance use disorder and addiction	
	Anxiety disorders	
	Tic disorders including Tourette's syndrome	

Age Spectrum Disorders (SHC Providers only): The section below is for general psychiatrists who have not completed formal training in child and adolescent psychiatry. If you have training in child and adolescent psychiatry, skip the next section and go to "Acknowledgment of Applicant."

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Core: Age Spectrum Disorder Privileges	
	Privileges to evaluate, diagnose, consult, and provide treatment to patients with specific disorders presenting with cognitive, behavioral, or emotional concerns or disorders associated with psychiatric and medical illnesses, developmental delays and genetic disorders.	
	Privileges include the evaluation and treatment of adolescents age 16 and older who are still being followed for ongoing care at LPCH, have developmental delays, or are obstetric patients.	

Qualifications

Initial Criteria Meeting Core Privilege criteria for Pediatric Psychiatry training or equivalency is not required.
Current active core privileges in Psychiatry at SHC is required

Renewal Criteria Current active core privileges in Psychiatry at SHC

Core: Age Spectrum Disorder Privileges - (Chart Review)

Core: Age Spectrum Disorder Privileges - (Direct Observation)

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Children's Health. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this
privilege request

Date

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - FPPE Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date