

**LEHIGH VALLEY HEALTH NETWORK**  
**CLINICAL PRIVILEGES IN AHP - NP - PSYCHIATRY**

Initial  Renewed   
 Effective from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

**R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended**

**R G C N POPULATION**

|                          |                          |                          |                          |                                                                                                                      |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pediatric: Birth - 25 Years (LVHN Surgery Center-Tilghman, and LVHN Children's Surgery Center - 6 months - 18 Years) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adults: 13 - 65 Years                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Geriatrics: Over 65 years                                                                                            |

**R G C N PRIVILEGES WITH SUPERVISION (b)**

|                          |                          |                          |                          |                                                                                                                                                                                                        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment - behavioral (1,2,3,7,10,11,13)                                                                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment - family (1,2,3,7,10,11,13)                                                                                                                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment - intellectual (1,2,3,7,10,11,13)                                                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment - mental status (1,2,3,7,10,11,13)                                                                                                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment - personality (1,2,3,7,10,11,13)                                                                                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment - psychosocial (1,2,3,7,10,11,13)                                                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certify cause of death and sign death certificate (1,2,3,7,10,11,13)                                                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultation in the Department of Psychiatry (1,2,3,7,10,11,13)                                                                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultation to other services as requested (1,2,3,7,10,11,13)                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Determine when referral to another provider is necessary (1,2,3,7,10,11,13)                                                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency room care/crisis intervention (1,2,3,7,10,11,13)                                                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate and take orders appropriate to the disease entities he/she diagnoses and treats according to established protocol or at direction of supervising physician (1,2,3,7,10,11,13)                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate and take orders for medications appropriate to the disease entities he/she diagnoses and treats according to established protocol or at direction of supervising physician (1,2,3,7,10,11,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Manage client care, develop treatment plan and/or follow-up and monitor progress (1,2,3,7,10,11,13)                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Obtain x-ray and laboratory data (1,2,3,7,10,11,13)                                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Order blood and blood products (1,2,3,7,10,11,13)                                                                                                                                                      |

**LEHIGH VALLEY HEALTH NETWORK**  
**CLINICAL PRIVILEGES IN AHP - NP - PSYCHIATRY**

Initial  Renewed   
 Effective from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

**R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended**

**R G C N PRIVILEGES WITH SUPERVISION (b)**

|                          |                          |                          |                          |                                                                                                                                                                                         |
|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Order restraints and seclusion and conduct/document face to face assessments according to policies*<br>(*Must satisfy certain credentialing criteria to be approved) (1,2,3,7,10,11,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Organizational development services within the facility (1,2,3,7,10,11,13)                                                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform and document patient education as appropriate (1,2,3,7,10,11,13)                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prepare patient/family for discharge (1,2,3,7,10,11,13)                                                                                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Professional and community education (1,2,3,7,10,11,13)                                                                                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pronouncement of death (1,2,3,7,10,11,13)                                                                                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Psychotherapy - group (1,2,3,7,10,11,13)                                                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Psychotherapy - individual (1,2,3,7,10,11,13)                                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Review and document in Medical Record (1,2,3,7,10,11,13)                                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule diagnostic procedures (1,2,3,7,10,11,13)                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule surgical procedures (1,2,3,7,10,11,13)                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Write and sign treatment plans (1,2,3,7,10,11,13)                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Write prescriptions for physician signature (1,2,3,7,10,11,13)                                                                                                                          |

**R G C N PRESCRIPTIVE PRIVILEGES - Controlled Substances**

|                          |                          |                          |                          |                                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule 2 (1,2,3,7,10,11,13)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule 2N (1,2,3,7,10,11,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule 3 (1,2,3,7,10,11,13)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule 3N (1,2,3,7,10,11,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule 4 (1,2,3,7,10,11,13)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule 5 (1,2,3,7,10,11,13)  |

**LEHIGH VALLEY HEALTH NETWORK**  
**CLINICAL PRIVILEGES IN AHP - NP - PSYCHIATRY**

Initial       Renewed   
Effective from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

---

**R = Requested   G = Recommended As Requested   C = Recommended with Conditions   N = Not Recommended**

---

**R   G   C   N   PRESCRIPTIVE PRIVILEGES - Non-Controlled Substances**

---

|    Prescriptive Privileges (1,2,3,7,10,11,13) (See list of approved drug categories below)

# LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

## CLINICAL PRIVILEGES IN AHP - NP - PSYCHIATRY

Name \_\_\_\_\_

### Qualifications:

Will function in joint collaboration with the physician or physician group with which she/he is associated.

All verbal and telephone orders must be signed within seven (7) days.

### SITES OF PRIVILEGE

- 1 – LVH-Cedar Crest
- 2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
- 3 – LVH-17th & Chew (includes TSU)
- 5 – LVH-Tilghman
- 6 – LVHN Surgery Center-Tilghman
- 7 – LVH-Hazleton
- 8 – Health and Wellness Center at Hazleton
- 9 - LVHN Children's Surgery Center
- 10 - LVH-Schuylkill East Norwegian
- 11 - LVH-Schuylkill South Jackson
- 13 - LVH-Hecktown Oaks
- 14 - LVH-Coordinated Health - Allentown
- 15 - LVH-Coordinated Health - Bethlehem
- 16 - LVHN Ambulatory Surgery Center of Lopatcong, Inc
- 17 - LVHN East Stroudsburg Ambulatory Surgery Center
- 18 - LVH-Pocono

### DEFINITIONS OF SUPERVISION

(a) DIRECT SUPERVISION - The physical presence of the supervising physician on the premises so that the supervising physician is immediately available to the allied health professional when needed.

(b) SUPERVISION - The control and personal direction exercised by the supervising physician over the medical services provided by an allied health professional. Constant physical presence of the supervising physician is not required so long as the supervising physician and the allied health professional are, or can easily be, in contact with each other by radio, telephone or telecommunications. Supervision requires the availability of the supervising physician to the allied health professional.

(c) SUPERVISING PHYSICIAN IN ATTENDANCE - Physical presence of supervising physician in room.

\* ATTENTION SUPERVISING PHYSICIAN: Your signature, title and date are required on the first line of the signature page of this document.

# LEHIGH VALLEY HEALTH NETWORK

## CLINICAL AREA AHP - NP - PSYCHIATRY

Name \_\_\_\_\_

### Acknowledgement of Practitioner

I hereby request the privileges noted.

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### \*\*\*Recommendations\*\*\*

I have reviewed the request for clinical privileges and supporting documentation and

**Recommend As Requested**       **Recommend with Exceptions**       **Do Not Recommend**  
the privileges requested above.

### EXCEPTIONS

| Exception to Privilege: | Conditions/Modifications |
|-------------------------|--------------------------|
|                         |                          |
|                         |                          |
|                         |                          |
|                         |                          |
|                         |                          |

Explanation:

### SUPERVISING PHYSICIAN (AHPs ONLY)

|                |                    |                        |
|----------------|--------------------|------------------------|
| _____<br>Title | _____<br>Signature | ____/____/____<br>Date |
| _____<br>Title | _____<br>Signature | ____/____/____<br>Date |
| _____<br>Title | _____<br>Signature | ____/____/____<br>Date |
| _____<br>Title | _____<br>Signature | ____/____/____<br>Date |
| _____<br>Title | _____<br>Signature | ____/____/____<br>Date |

