

**LEHIGH VALLEY HEALTH NETWORK**  
**CLINICAL PRIVILEGES IN AHP - PSYCHOLOGIST**

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 (Fairgrounds Surgical Center, 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 (Unless otherwise noted with ***)   |

**R   G   C   N   PATIENT MANAGEMENT PRIVILEGES**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Enter consultation notes on charts (1,2,3,4,10,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Write and sign treatment plans (1,2,3,4)           |

**R   G   C   N   CLINICAL ASSESSMENT PRIVILEGES**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment - behavioral (1,2,3,4,10,11)             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment - competency (1,2,3,4,10,11)             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment - family (1,2,3,4,10,11)                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment - forensic (1,2,3,4,10,11)               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment - intellectual (1,2,3,4,10,11)           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment - neuropsychological (1,2,3,4,10,11)     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment - personality (1,2,3,4,10,11)            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment - psychosocial (1,2,3,4,10,11)           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assessment - vocational/educational (1,2,3,4,10,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mental status examination (1,2,3,4,10,11)           |

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**R G C N CLINICAL TREATMENT PRIVILEGES**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Biofeedback (1,2,3,4,10,11)                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency room care/crisis intervention (1,2,3) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hypnosis/hypnotherapy (1,2,3,4,10,11)           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pain management (1,2,3,4,10,11)                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Psychotherapy - family (1,2,3,4,10,11)          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Psychotherapy - group (1,2,3,4,10,11)           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Psychotherapy - individual (1,2,3,4,10,11)      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Psychotherapy - marital (1,2,3,4,10,11)         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rehabilitation services (1,2,3,4)               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sexual dysfunction therapy (1,2,3,4,10,11)      |

**R G C N CONSULTING PRIVILEGES**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultation in the Department of Psychiatry (1,2,3,4,10,11)      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultation to other services as requested (1,2,3,4,10,11)       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Organizational development services within the facility (1,2,3,4) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Professional and community education (1,2,3,4,10,11)              |

**R G C N SCIENTIFIC ACTIVITIES**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Design scientific and clinical research, including individual case studies, control group studies, and program evaluation (1,2,3,4,10,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Direct conduct of above research (1,2,3,4,10,11)  |

**LEHIGH VALLEY HEALTH NETWORK**  
**CEDAR CREST & I-78 PO BOX 689**  
**ALLENTOWN, PA 18105-1556**  
**CLINICAL PRIVILEGES IN AHP - PSYCHOLOGIST**

Name \_\_\_\_\_

**SITES OF PRIVILEGES**

- 1 – LVH-Cedar Crest
- 2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
- 3 – LVH-17th & Chew (includes TSU)
- 4 – Fairgrounds Surgical Center
- 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
- 12-LVH-Schuylkill Surgery Center

# LEHIGH VALLEY HEALTH NETWORK

## CLINICAL AREA AHP - PSYCHOLOGIST

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)

_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date

