

BANNER GATEWAY MEDICAL CENTER

Delineation of Privileges

CRISIS COUNSELOR

Practitioner Name: _____

Crisis Counselor Core Privileges

Qualifications

To be eligible to apply for crisis counselor privileges, the applicant must meet the following qualifications:

Education/Training/Experience: Master's Degree in Social Work or Counseling.

Licensure: Current, unrestricted license issued by the Arizona Board of Behavioral Health Examiners: LPC (Licensed Professional Counselor) or LAC (Licensed Associate Counselor) for counselors; LCSW (Licensed Clinical Social Worker) or LMSW (Licensed Master Social Worker) for social workers.

Insurance: Provide evidence of acceptable professional liability insurance.

Experience/Current Competency: Documented post-master's experience for one (1) year, including recent experience providing crisis counseling services, or an equivalent of experience, skills and education.

Supervision: The Crisis Counselor must have a Sponsoring Physician who is a member, in good standing, of the BGMC Medical Staff and has appropriate clinical privileges.

Required Physician Consultation: The Crisis Counselor will consult the patient's attending physician:

- regarding recommended disposition.
- prior to the admission or transfer of any patient.
- when a patient requires diagnostic or treatment services that are beyond the Crisis Counselor's scope of practice, demonstrated competency, or comfort-level.

EMR Training: Privileges may not be exercised at the Medical Center until the practitioner has successfully completed Banner's electronic medical record training.

Automatic Suspension of Privileges: If at any time, the Crisis Counselor's employment/affiliation with his/her Sponsoring Physician terminates and he/she no longer has a Sponsoring Physician who is on the Medical Staff at Banner Gateway Medical Center, the Practitioner's privileges will automatically be suspended or if the Crisis Counselor is in the application process, the application process will be suspended as well. The Crisis Counselor will have sixty (60) days to submit a request to the Medical Staff Services Department for modification of Sponsoring physician, otherwise his/her privileges or his/her application for staff privileges will be voluntarily withdrawn at that time.

Please check requested privileges.

Request	Approved	Tabled	Privileges/Procedures
			<p>Privileges included in the Crisis Counselor Core</p> <p>Performs behavioral health screening examinations of patients requesting or requiring crisis intervention.</p> <p>Performs psychosocial assessment, including a past and current history of psychiatric problems including substance abuse, medications and orientation, assessment of suicide or homicide attempt or risk, and assaultive/violent behavior that indicates danger to self or others; mental status exam; and review of the medical screening tool.</p> <p>Initiates court-ordered evaluation for emergent or non-emergent petition.</p> <p>Performs discharge planning, including arranging transfers for individuals.</p>

SPECIAL PROCEDURE PRIVILEGES

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth governing the exercise of specific privileges listed below.

Request	Approved	Tabled	Procedure	Criteria
			Oncologic Treatment, Consultation and Management	Applicant must be contracted or employed by the BMDACC to apply for privileges to treat, consult and manage oncology patients within their given specialty.

Request	Approved	Tabled	If you wish to exclude a procedure privilege within the core and/or special procedure privileges requested, list those privileges below:

REAPPOINTMENT AND RENEWAL OF PRIVILEGES

Physicians will be asked to submit a list of procedures performed in the past two years at a major hospital at the time of reappointment and renewal of privileges, if activity at BGMC is insufficient to determine clinical competency.

ADDITIONAL PRIVILEGES

A request for additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel and equipment requirements.

ACKNOWLEDGEMENT OF PRACTITIONER

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 Banner Gateway Medical Center, and;

I understand that:

- (a) 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.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.
- (c) If requested, I will provide documentation of my performance of cases required for special procedures listed above.
- (d) I understand privileges may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document.

Signed: _____
(Practitioner)

Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: _____

Date: _____

ONCOLOGY SECTION CHIEF RECOMMENDATION:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: _____

Date: _____

Approved by the Board: November 2011
Revised: