

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS

Psychiatry

Delineation of Privilege Form

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Name: _____

Date: _____

Privilege / Operative Procedure	Applicant Check (√) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Hold in Abeyance (provide explanation)
Category I Privileges				
Admit and treat on behavioral or psychiatric conditions, problems or disorders in the inpatient psychiatric unit				
Consult on behavioral or psychiatric conditions, problems or disorders				
Adult Psychiatry (over 18 years old)				
Psychiatric assessment and physical examination				
Psychotherapy				
Medical management including detoxification and psychopharmacotherapy				
Couples therapy				
Family therapy				
Group therapy				
Detoxification management				
Substance abuse therapy				
Outpatient psychotherapy for Children and Adolescents				
Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency & fellowship or other acceptable advanced training				
Electroconvulsive therapy				

Acknowledgment of Practitioner:

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown Campus. I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown Campus medical staff policies and rules applicable generally and all applicable to the particular situation.

Applicant's Signature

Date