

Privileges for: Counselor

Request

- ST. ELIZABETH EDGEWOOD
- ST. ELIZABETH FLORENCE
- ST. ELIZABETH FT. THOMAS
- ST. ELIZABETH GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval:

Board Approval:

Department/Section Chair Signature

Date

Nursing Administration Approval

Sr. V.P. of Nursing or Designee Signature

Date

SUPERVISING PHYSICIAN ENDORSEMENT: As the applicant's supervising physician, I have read the foregoing application and have indicated by my initials and date above the appropriate levels of supervision I will employ to promote the safety and care of our patients at a generally recognized professional level of quality and efficiency. I acknowledge my continuing responsibility for supervising this applicant until such time as he or she secures another supervising physician.

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Last 4 digits of S.S.N. _____

EDUCATION AND WORK EXPERIENCE REQUIREMENTS

MINIMUM:

- " Master's degree in psychology, social work, or counseling; if in counseling, must have attended a CACREP (The Council for Accreditation of Counseling and Related Educational Programs) - accredited school
- " LPCC (Licensed Professional Clinical Counselor) with a CADC (Certified Alcohol Drug Counselor)
- " 2 years of experience in an Outpatient Chemical Dependency Treatment Facility, preferably 3-5 years of experience

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PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services. NOTE: For each privilege that the practitioner requests below, the supervising physician must, prior to submission to the section chair, indicate the level of supervision that he or she intends to exercise by typing the level of supervision into the COMMENTS box for each requested privilege below:

- o For privileges that may be exercised via phone availability (and not more than 30 minutes travel time away), identify the "A" level of supervision in the COMMENTS box .
- o For privileges requiring on site supervision, identify the "O" level of supervision in the COMMENTS box.
- o For privileges requiring direct supervision, identify the "D" level of supervision in the COMMENTS box.

If a supervision level is not offered, the MEC and Board have determined that that level of supervision may not be employed.

DEFINITIONS OF LEVELS OF SUPERVISION

Direct Supervision: This means the supervising physician is sufficiently nearby that the AHP may verbally summon the supervisor's help if needed when the AHP is performing a function requiring direct supervision. Although the physician may be performing some other task at the time, the supervising physician must be able to immediately provide direction and assume the performance of the task if difficulties arise. This does not require that the physician is actually in sight of the AHP or watching "over the shoulder" of all AHPs as may be required during the training period of AHPs to ensure that the AHP is competent to perform the task.

On site supervision: Requires the physical presence of the supervising physician in the same location (i.e. the hospital) as the AHP, but does not require the physical presence in the same room.

Available by phone: The supervising physician must be continuously available for direct communication with the AHP and must be in a location that, under normal conditions, is not more than 30 minutes travel time from the AHP's location

DESCRIPTION OF CORE PRIVILEGES

Core privileges as a Counselor include the care, treatment or services listed immediately below. I specifically acknowledge that my license / certification and training alone do not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

_____ Conducts individual, family, and group counseling/education utilizing theoretical knowledge of psychopathology and evidence based intervention techniques consistent with levels of competency and licensure / certification.

_____ Participates in ongoing communication with physician and interdisciplinary team to develop a collaborative relationship aimed at improving clinical treatment goals and appropriate and timely discharge for the patient. Provides expertise to the team in developing treatment and discharge planning strategies for patients. Maintains a current treatment plan and supportive documentation on all clients and is timely with documentation of all individual, group, and family therapy encounters.

_____ Proactively makes appropriate referrals to internal and post-acute service providers to ensure continuity of care during and post treatment. Assists in the procurement of services and serves as an advocate on behalf of patient / family.

_____ Provides support to patients with issues related to adjustment to illness and assists in securing support for them during and post treatment.

_____ Provides to patients, families and staff education regarding treatment services. Opportunities for conducting education may include patient families, one-on-one staff education, service line meetings and other practices if requested. Proactively educates patients upon referral about options for post-acute services and community resources available to them during treatment and at discharge.

_____ Proactively identifies and educates patients/families who are at risk of being dismissed from the practice as related to misuse of medication and/or non-adherence to program guidelines.

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Applicants Signature: _____ Date: _____