

PRIVILEGE DELINEATION

PHYSICIAN'S NAME (PLEASE PRINT)

DATE

I DESIRE CLINICAL PRIVILEGES AT HEALTH CLINICS OF UTAH FOR THE PRACTICE OF FAMILY PRACTICE AS CHECKED BELOW.

SIGNATURE

GENERAL PRIVILEGES

GENERAL CLINICAL PRIVILEGES CUSTOMARY TO THE PRACTICE OF OUT-PATIENT FAMILY PRACTICE (TO INCLUDE TAKE HISTORY, EXAMINE, PLAN AND ORDER THERAPY, LABORATORY STUDIES AND X-RAY EXAMINATIONS):

SPECIFIC PRIVILEGES (DEFINED IN LEVELS OF CARE, AND IDENTIFIED PROCEDURES)

I. ADULT CARE

A. *Levels of Care*

Illness or problem with no apparent threat to life

B. *Procedures*

Acupuncture

Anoscopy

Biopsy superficial lesions as lymph nodes, lipoma, foreign body, muscle, sebaceous cyst, etc.

Bivalving & removal of cast or splint

Botulinum Injections

Cast & splint application

Closed reduction simple fracture

Closed reduction simple dislocation

Control of nasal hemorrhage:

Anterior

Posterior

Cryosurgery

Debridement of wounds

ECG Interpretation

I&D ext thrombosed hemorrhoid

Injection, tendon sheath, bursa, trigger point

Injection intra-articular

Lacerations

Laryngoscopy

Indirect

Direct

Paracentesis

Peripheral nerve and field blocks

Pulmonary function testing & interpretation

Pupil Dilation

Nerve Blocks

Nerve conduction studies

Removal of foreign, nose, ear, corneal

Removal of rectal impaction or foreign body

Skin biopsy

Skin testing (allergies)

Split Lamp

Subungual hematoma (I&D)

Superficial abscesses (I&D)

Suprapubic bladder aspiration

Tonometry
Urinary bladder catheterization
Other (specify)

- II. **Infant and Child Care**
 - A. ***Core Pediatric Privileges***
Routine pediatric/newborn care
 - B. ***Levels of Care***
Illness or problem with no apparent threat to life
 - C. ***Procedures***
Routine normal newborn care (> 2000 Gm)
Other (specify)

- III. **Orthopedic Care**
 - A. ***Levels of Care***
Illness or problem with no apparent threat to life

- IV. **Urologic Care**
Illness or problem with no apparent threat to life

- V. **Rehabilitative Care**
 - A. ***Levels of Care***
Illness or problem with no apparent threat to life

- VI. **Psychiatry**
 - A. **Levels of Care**
Ambulatory care only

APPROVED BY:
Medical Director

Date