

Texas Spine & Joint Hospital

Psychology

Delineation of Clinical Privileges

Name

Doctor seeking Psychology privileges will have completed a Psychology residency program.

Please Check Privileges Requested:

- _____ Psychological Evaluation
- _____ Interview
- _____ Therapy/Treatment
- _____ Inpatient & Clinic Setting
- _____ Other:

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 for which I wish to exercise at Texas Spine & Joint Hospital 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) Applicants have the burden of producing information deemed adequate by Texas Spine & Joint Hospital for a proper evaluation of current competence, other qualifications, and for resolving any doubts.

Signed: _____ Date: _____

Printed Name: _____