

University of Utah Hospitals and Clinics  
**Clinical Psychology**  
DELINEATION OF PRIVILEGES  
PRIVILEGES REQUEST FORM

**PRIVILEGES**

**Please check all that apply to your scope of practice.**

**GENERAL PRIVILEGES**

**General clinical privileges customary to the practice of psychology:**

- Outpatient  
 Inpatient

**PATIENT MANAGEMENT PRIVILEGES**

- Coordinate and provide psychological care  
 Write and sign treatment plans  
 Supervise staff and trainees  
 Enter consultation notes on charts  
 Other, as appropriate: \_\_\_\_\_

**CLINICAL ASSESSMENT PRIVILEGES**

- Behavioral assessment  
 Biobehavioral & psychophysiological assessment  
 Neuropsychological examination  
 Mental status examination  
 Intellectual assessment  
 Personality assessment  
 Forensic assessment  
 Vocation/educational assessment  
 Psychosocial assessment  
 Other, as appropriate \_\_\_\_\_

**CLINICAL TREATMENT PRIVILEGES**

- Individual psychotherapy  
 Group psychotherapy  
 Family/marital psychotherapy  
 Behavior modification  
 Hypnosis  
 Biofeedback/relaxation training  
 Emergency room care/crisis intervention  
 Pain management  
 Rehabilitation services  
 Other, as appropriate \_\_\_\_\_

**AGES**

- Child ( 5-12)  
 Adolescent (12-17)  
 Adult (18-64)  
 Geriatric (65+)

**SIGNATURES AND RECOMMENDATIONS**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
DATE

---

Department Head DATE

---

Chair, Medical Board DATE

---

Chair, Governing Body DATE