

**UNIVERSITY OF UTAH HOSPITALS & CLINICS
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SOCIAL WORK PRIVILEGE DELINEATION**

Name: _____ Date: _____

I am requesting privileges in the University of Utah Hospitals and Clinics for the practice of clinical social worker as checked below:

C r r r e c p v Signature: _____

GENERAL PRIVILEGES

General clinical privileges customary to the practice of social work:

- _____ Psychosocial Screening
- _____ Psychosocial assessment and evaluation
- _____ Pre-admission planning
- _____ Discharge planning coordination and implementation
- _____ Psychosocial diagnosis
- _____ Psychosocial treatment planning
- _____ Psychosocial case management
- _____ Individual counseling and psychotherapy
- _____ Group counseling and psychotherapy
- _____ Patient and family education
- _____ Professional consultation
- _____ Coordination of community services
- _____ Continuity of care services / post-discharge services
- _____ Family conferences, counseling and therapy
- _____ Home visits and evaluations
- _____ Independent documentation in medical records
- _____ Crisis intervention
- _____ Outreach and case findings

SPECIALIZED PRIVILEGES

- _____ HIV Counseling
- _____ Substance Abuse Treatment
- _____ Domestic Abuse Treatment
- _____ Sexual Assault Treatment
- _____ Behavior Modification
- _____ Hypnotherapy
- _____ Relaxation Therapy / Stress Management
- _____ Trauma Counseling / Treatment
- _____ Other _____

Recommendation:

Hiring Department _____ Date: _____

Interdisciplinary Credentials Committee _____ Date: _____

Medical Credentials Committee _____ Date: _____

Medical Board _____ Date: _____

Hospital Board _____ Date: _____