

Coordination of Care

Delineation of Clinical Privileges

Criteria for granting privileges: Concurrent member of external organizations (i.e., St Jude Children's Research Hospital, Select Specialty Hospital Memphis, or West Tennessee Healthcare: West Tennessee Medical Group, General Surgery).

Applicants shall provide documentation as requested and defined by the hospital for a proper evaluation of qualifications for this privilege.

Core Privilege Description:

Coordination of Care Privileges may be granted to members of external organizations (i.e., St Jude Children's Research Hospital, Select Specialty Hospital Memphis, or West Tennessee Healthcare: West Tennessee Medical Group, General Surgery). This privilege permits them to visit and assess their patients who are undergoing treatment/care at MLH Hospitals and any of their transition services. Physicians with the Coordination of Care Privilege may not enter orders, but may document notes in the electronic medical record and discuss the care plan with Methodist Le Bonheur attending physicians. Granting of this privilege does not confer MH-MH membership or rights

The Coordination of Care Privilege may be granted for a period of two years and is renewable with demonstrated need. Positive identification must be established as well as primary source verification of current licensure, education, and training; one (1) peer reference is required.

(A credentialing agreement with St. Jude that provides static verifications may be used in lieu of primary source verifications.)

Coordination of Care - Clinical Privileges

Check privileges desired for Coordination of Care Clinical Privileges for each facility.

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities	Methodist Healthcare – Olive Branch Hospital (MHOBH)
Coordination of Care Core		
	Clinical privileges are granted only to the extent privileges are available at each facility.	
	Darkly shaded areas indicate privileges are not available at that facility.	

Acknowledgement of practitioner:

I have requested only those privileges by which education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by facility and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation, my actions are governed by the applicable section of the medical staff bylaws or related documents.

Physician's Signature

Date

Printed Name