

**Supervision of Allied Health Caregivers  
Delineation of Privilege**

**A separate privilege must be granted for the supervision of AHCs.**

**Allied Health Caregiver (AHC)** means a healthcare professional who provides services at the facility, and is authorized to do so via a human resources process. Examples of individuals in this category include rounding nurses, scrub assistants and rounding assistants.

**Check below the particular privileges desired 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)
Supervision of AHC		
<b>Limitations</b>	<b>Clinical privileges are granted only to the extent privileges are available at each facility.</b>	
<div style="background-color: black; width: 20px; height: 15px; display: inline-block; vertical-align: middle;"></div> Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.		

**Acknowledgement of practitioner**

I have requested this privileges for which I am qualified to perform and for which I wish to exercise at the facility, and I understand that:

- (a) I have reviewed the scope of job description submitted for all individuals I request to supervise. These individuals are employed and/or contracted by me to function in this capacity; or I have agreed to supervise these individuals. I verify that these individuals are able to perform the services requested.
- (b) I agree to notify Medical Staff Services if an authorized individual should ever leave my employment or supervision and understand that I continue to be responsible for them until such notification is received.
- (c) I understand that at no time my supervised AHC can perform functions that would constitute medical practice. I understand that all duties performed must be within the scope of his/her job description and under my supervision and upon my authority.
- (d) I assume all responsibility for his/her actions while providing service and accountability for his/her conduct within the facility.
- (e) I understand that AHC(s) are required to comply with the bylaws, policies, rules and regulations, and governance documents of the medical staff, as applicable to the job description for which they are authorized.

(f) I agree to participate as requested in the evaluation of competency (i.e., at the time of reappointment or an intervals between reappointment, as necessary) for the AHC(s) I supervise.

(g) I understand that an annual evaluation of performance will also be performed by the facility, which will include compliance with facility policies and procedures.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Currently, I supervise the following:

\_\_\_\_\_  
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\_\_\_\_\_  
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