



# ARTESIA GENERAL HOSPITAL

A FACILITY OF COMMUNITY HEALTH CORPORATION

The Mid-level practitioner in a clinic setting should render sufficient care to stabilize a patient's condition to the best of his/her capabilities and training, using available resources, and under appropriate supervision.

## General Privileges

Requested	Granted	
_____	_____	Diagnosis and management of uncomplicated adult medical problems
_____	_____	Diagnosis and management of uncomplicated pediatric medical problems
_____	_____	Initial stabilization of potentially life or limb- threatening problems with intent to transfer to acute care facility

**Specific Procedure Privileges-** Required to perform procedures needed other than routine medical care.

## ENT

_____	_____	Superficial removal of foreign body from ear canal and nasal passages
_____	_____	Epistaxis (Anterior and Posterior) evaluation and treatment

## General Medicine

_____	_____	Emergency care for AMI, including CPR and AED use until such time emergency transportation is available
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## Surgery

_____	_____	Use of local anesthesia and digital nerve blocks
_____	_____	Repair of superficial skin lacerations, all locations
_____	_____	Wound closure, involving deep structures (excluding intracavitary closure, or tendon repair, or procedure requiring general anesthesia)
_____	_____	I & D skin and subcutaneous abscesses- all locations (excluding those requiring general anesthesia)
_____	_____	Excision/Incisions
_____	_____	Incision and evaluation of thrombosed hemorrhoids
_____	_____	Painful or bleeding polyps, warts, callouses, etc.; (excluding those requiring general anesthesia)
_____	_____	Evaluation and treatment of burns (non-major)
_____	_____	Superficial vein cannulation, all locations (excluding central lines)
_____	_____	Removal of Nails

## Obstetrics/Gynecology

_____	_____	Evaluation of gynecologic patients and institution of treatment plan (non-surgical)
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_____	_____	Perform pap smears and pelvic examinations
_____	_____	Vaginal foreign body removal

### Ophthalmology

_____	_____	Foreign body removal from cornea (superficial only)- without slit lamp
_____	_____	Corneal abrasions
_____	_____	Conjunctivitis

### Orthopedics

_____	_____	Initial diagnosis, treatment of orthopedic injuries, including splinting or casting simple, non-displaced fractures
_____	_____	Joint and bursa aspiration and injections
_____	_____	Emergency care of complicated fractures and stabilization of general condition, including splinting and care of wounds in preparation for transport to acute care facility, and further definitive care
		Reduction of Simple Dislocations
_____	_____	Fingers
_____	_____	Toes
_____	_____	Care of sprains, strains and contusions

### Urology

_____	_____	Urethral catheter placement and removal
_____	_____	Male and female genitalia tract infections- diagnosis and treatment

## Diagnostic Testing- Ordering and Interpretation

### Radiology

_____	_____	Ordering and diagnostic interpreting of x-ray films as an aid to diagnosis
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### Laboratory

_____	_____	Ordering and interpreting laboratory studies as an aid to diagnosis
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### Respiratory

_____	_____	EKG Interpretation
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\_\_\_\_\_  
Signature of Requesting Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief of Staff/Medical Executive Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chairman of the Board

\_\_\_\_\_  
Date



## **CONFIDENTIALITY STATEMENT**

I, \_\_\_\_\_, understand that in performance of my duties at Artesia General Hospital, I am required to have access to and am involved in the processing of patient care data. I understand that I am obligated to maintain the confidentiality of these data at all times, both at work and off duty. I understand that a violation of these confidentiality considerations may result in disciplinary action, including termination. I further understand that I could be subject to legal action. I agree to comply with information security policies for Artesia General Hospital concerning the privacy and confidentiality consideration of patient care.

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Signature

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Date



## **MEDICAL STAFF SIGNATURE AUTHENTICATION FORM**

Medicare regulation 482.24, authentication of signature, requires that the medical records department maintain a current list of authenticated signature, written initials, codes and stamps, when such are used for authorship.

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**Physician Name and Title (PRINTED)**

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**Date**

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**Physician Signature**

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**Physician Initials**

**Approved Signature Stamps or Seals:**

Original: Credential File  
CC: Pharmacy, Medical Records



## PHYSICIAN'S ACKNOWLEDGEMENT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) requires hospitals to obtain a signed ***Physician's Acknowledgement Statement*** from any physician who is being granted admitting privileges at that Hospital.

Your signature acknowledges that you have received the following notice [42 CFR 41246 (b)]:

*Notice to Physicians: Medicare payment to hospitals is based in part on each patient's principal and secondary diagnosis, and the major procedure performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of federal funds, may be subject to fine, imprisonment, or civil penalty under applicable federal laws.*

\_\_\_\_\_  
Physician Name and Title (PRINTED)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
UPIN/NPI #



## **BYLAWS ACKNOWLEDGEMENT OF RECEIPT**

I, \_\_\_\_\_, acknowledge that I have read and understood the Medical Staff Bylaws, Rules and Regulations of Artesia General Hospital.

Furthermore, I agree to abide by all such Bylaws, Rules and Regulations, Hospital Policies and Directives during the time I remain appointed to the Medical Staff or Allied Health Professional Staff of Artesia General Hospital.

\_\_\_\_\_  
**Physician Name and Title (PRINTED)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature