

**HEALTH CENTER
CLINICAL SOCIAL WORKER DELINEATION OF PRIVILEGES
(Family Practice)**

Applicant's Name	Title			Date
Practice/Procedure	Current	Requested	Provisional	Recommended
1. Assess mental health needs of patients				
2. Refer for treatment patients with chronic and severe mental illness and/or substance abuse.				
3. Provide crisis counseling and make appropriate treatment referrals.				
4. Assess nonclinical psychosocial needs of patients and make appropriate referrals to community agencies.				
5. Match patients to the appropriate treatment modality.				
6. Provide psychosocial counseling for patients (primarily for the treatment of depressive disorders, anxiety disorders and adjustment to illness.)				
7. Provide couples counseling as appropriate.				
8. Provide family counseling as appropriate.				
9. Provide case management and counseling to pregnant women.				

- Applicant attests that clinical training provided adequate instruction and experience for requested privileges.
- Applicant understands that the completion of this form does not preclude applicant from requesting additional privileges at a later date.
- Applicant understands that clinical privileges expire and must be renewed after two years.

Signatures of applicant and social services department director affirm the ability of applicant to perform the mental and physical tasks necessary for the scope of practice requested.

Signature of Applicant _____ Date _____

Signature of Department Director _____ Date _____

Signature of Secretary, Board of Directors _____ Date _____