

**JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL**  
**DEPARTMENT OF MEDICINE**  
**INTERNAL MEDICINE**  
Delineation of Privileges

PHYSICIAN NAME \_\_\_\_\_

**QUALIFICATIONS:** Licensed physician (MD or DO) as defined in the Medicine Department Rules and Regulations with appropriate training in Family Medicine.

REQ=Requested APP=Approved

**STAFF CATEGORY:** "Primary Care Physician" refers to physicians who practice as family physicians and/or internal medicine physicians. Primary Care Physicians are not eligible to be granted privileges and are appointed to the Affiliate Staff Category.

<b>REQ</b>	<b>APP</b>	<b>Privilege Requested:</b>
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**AFFILIATE STAFF:**

**Affiliate** Staff Members shall consist of Internal Medicine physicians who do not admit or manage patients in the Hospital but who diagnose or treat patients who use the Hospital.

Physicians appointed to this Category may:

- refer patients for diagnostic testing and specialty services;
- refer patients for treatment by a member of the medical staff with admitting privileges;
- attend meetings of the General Medical Staff and Departments to which they are assigned and Network Continuing Medical Education programs;
- accept committee and/or department membership assignments and in doing so, shall carry out such assignments as stipulated within the applicable committee and/or Department rules and regulations; and
- pay all staff dues and assessments as determined by the Medical Staff Executive Committee.

Physicians appointed to this category may not:

- admit patients, do consults, write orders or progress notes or make any other entries in the medical record, participate in surgery, or actively participate in patient care;
- vote on medical staff or Department matters.

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| <ul style="list-style-type: none"> <li>• I have reviewed the above list and by my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Board of Directors, my exercise of the above requested staff membership</li> </ul> |
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<b>Applicant's Signature:</b>	<b>Date</b>
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**APPROVALS:**

<b>SIGNATURE:</b> Department Chairman/Designee	<b>Date</b>
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<b>Executive Committee</b>	<b>Date</b>	<b>Board of Directors</b>	<b>Date</b>
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APPROVED: 10/4/2010