



Allied Health Professional Rules and Regulations

I. Categories of Allied Health Professionals (AHPs)

1.1 The categories of Allied Health Professionals who are eligible to apply for practice privileges are:

- 1.1-1. Physician Assistant (PA)
- 1.1-2. Nurse Practitioner (NP)
- 1.1-3. Certified Registered Nurse Anesthetist (CRNA)
- 1.1-4. Clinical Psychologists (PhD or PsyD)
- 1.1-5. Optometrist (OD)

II. Conditions for Appointment to the Allied Health Professional Staff

2.1 Eligibility

- 2.1-1 In order to be eligible for appointment to the AHP Staff, the professional must hold a current, unrestricted state license or certificate in his or her field and/or have completed the training and have the experience described below.

2.2 Provisional Status

- 2.2-1 All AHPs initially shall be appointed to a Provisional status. Advancement from the Provisional status will be based upon whether the professional's performance is satisfactory, as determined by the appropriate Medical Department, the Medical Executive Committee, and the Governing Board.

III. Application Process

3.1 Application

- 3.1-1 An AHP shall complete the application form for membership and practice privileges, which have been developed and approved by the Medical Executive Committee, and the Governing Board.
 - A. Application forms are available through Medical Staff Services along with a non-refundable application fee of \$200. No application fee is charged for AHPs employed by the Hospital.
 - B. Completed application form will be returned to Medical Staff Services.
 - C. Information on the application shall be verified by Medical Staff Services.
 - D. The applicant must list at least four professionals who have observed the applicant's practice and are capable of evaluating his or her competency and qualifications, which can provide references. At least one of the four persons listed as references must be a Medical Staff member, including the Supervising Physician, if any.

- E. Annual dues in the amount of \$100 will be levied. The annual dues shall be waived for all Hospital-employed AHPs. Failure to pay dues within four (4) months of receipt of a bill for dues will be considered a voluntary forfeiture of AHP membership after compliance with the notice requirements set forth below. Before any such voluntary forfeiture of AHP membership may occur, the member must be notified by certified mail, return receipt requested, that he has twenty-one (21) days to pay the dues owed.

3.2 Committee on Interdisciplinary Practices Application Review

3.2-1 The completed application will be reviewed to establish to the Committee's satisfaction with at least the following:

- A. The applicant is certified and in good standing pursuant to the laws of the State of California.
- B. The scope of practice proposed to be carried out by the applicant is within the scope of such practice authorized by their regulatory agency, if appropriate.
- C. That the educational qualifications, training, and demonstrated competency of the applicant are consistent with the duties, acts, and privileges being requested.
- D. The name of the applicant's Supervising Physician employer who shall be responsible for this supervision.

3.2-2 Recommendation regarding staff membership will then be submitted to the appropriate Clinical Department for determination of practice privileges.

3.3 Practice Privileges to Be Determined by the Clinical Department

3.3-1 If the Supervising Physician is a member of an organized Section, the Section will review and make recommendations about the AHP's practice privileges.

3.3-2 After Section / Department review of practice privilege requests, a recommendation will be submitted, with the AHPs application form and supporting documents, to the Medical Executive Committee for approval or denial of practice privileges.

3.4 Medical Executive Committee and Governing Board Review

3.4-1 The Medical Executive Committee will review and act upon the Department recommendation.

- A. If approval is recommended, the applicant's membership and practice privileges will be submitted to the Governing Board for approval.
- B. If approval of membership or any/all of the requested practice privileges is not recommended, this information will be sent to the AHP/Supervising Physician by the Chief Executive Officer via certified mail, return receipt requested (See Section 7.0 Grievance Procedure).

3.4-2 The Governing Board will review and act on the request for membership and practice privileges upon receipt of the Medical Executive Committee's favorable recommendation.

IV. Proctoring

- 4.1 Each AHP initially appointed to the AHP staff or granted new practice privileges shall be subject to a period of proctoring of at least five cases. Proctoring shall be performed in the manner specified in the Rules and Regulations governing proctoring in the Department in which the AHP is going to be granted practice privileges. For AHPs applying within dual Departments, proctoring requirements within each Department must be fulfilled in the manner specified in the appropriate Department's Rules and Regulations. The proctor may be a member of the Medical Staff, an AHP in the same category who has unrestricted practice privileges to provide the services that will be proctored, or a Hospital employee in the same category as the AHP being proctored. Generally, proctoring shall consist of retrospective case review, except that AHPs exercising surgery practice privileges shall be observed concurrently during surgery. Usually, the proctor should not be the Supervising Physician. Reciprocal proctoring may be accepted from a nearby institution to satisfy proctoring requirements. This arrangement is acceptable only if the proctor is a member of the HPMC Staff who is eligible to serve as a proctor at this facility. No more than 50% of the requirement can be satisfied by reciprocal proctoring. A summary of the proctor reports will be required from the other facility. The proctoring must have been carried out within the last year to be used to supplement that on file at HPMC.

V. Duration of Appointment

- 5.1 AHPs shall be granted provisional practice privileges for a period of 24 months, during which time proctoring must be completed. Reappointments to the AHP Staff shall be processed every two years, in parallel manner to that specified in the Medical Staff Bylaws for Medical Staff members in so far as those procedures shall be relevant.
- 5.2 In accordance with the Medical Staff Bylaws, applications for renewal of the AHPs practice privileges must be completed by the AHP and Supervising Physician, if appropriate, and submitted for processing in a parallel manner to that set forth in the Medical Staff Bylaws, in so far as those provisions are relevant.
- 5.3 Whenever feasible, the AHPs appointment cycle will be synchronized with his or her Supervising Physician's appointment cycle.

VI. General

- 6.1 Charting
 - 6.1-1 AHPs granted practice privileges may enter notes in the patients' charts. The Supervising Physician, if any, shall countersign all entries. Unless otherwise specified in the Department Rules and Regulations, or specific supervising protocols, all chart entries, which require countersignatures, must be countersigned by the Supervising Physician 24 hours after the entry is made.
- 6.2 Identification of Practitioner
 - 6.2-1 When rendering services, the AHP shall wear a Medical Center identification badge on an outer garment and in plain view, which shall state the practitioner's name and licensure category.
- 6.3 Indications in Chart of AHP Provision of Services

- 6.3-1 The patient's attending physician or the AHPs Supervising Physician, if any, must seek the patient's consent for an Allied Health Professional to provide services. A physician's note or progress note shall be required on each chart indicating the name or category of any AHP who will provide direct medical services.
- 6.3-2 All patients will be informed of procedures to be performed by the AHP and written consent will be obtained for all surgical procedures in accordance with Medical Staff Rules and Regulations and Medical Center policies and procedures.
- 6.4 Insurance
 - 6.4-1 AHPs must maintain professional liability insurance in the amounts of at least \$1,000,000 per occurrence and \$3,000,000 aggregate.
- 6.5 Employer Responsibilities
 - 6.5-1 If a Supervising Physician employs the AHP, he or she agrees that the AHP shall be solely his or her employee and not the employee or agent of the Hospital. The Supervising Physician must assume full and sole responsibility for making all payments to and establishing all working conditions and terms for the AHP and for complying with all relevant laws with respect thereto, including those pertaining to withholding of federal and state income taxes, payment for overtime, and provision of workers' compensation insurance coverage.
- 6.6 Indemnification
 - 6.6-1 The Supervising Physician agrees to indemnify the Hospital against any expense, loss, or adverse judgment it may incur as a result of allowing an AHP to practice at the Hospital or as a result of denying or terminating the AHPs privileges.
- 6.7 Supervising Physician
 - 6.7-1 The Supervising Physician agrees to receive copies of correspondence sent to his or her AHP in regards to (A) Dues, (B) Malpractice Insurance, and/or (C) Reappointment.

VII. Grievance Procedure

- 7.1 Nothing in these Rules and Regulations or Medical Staff Bylaws shall be interpreted to entitle an AHP (other than Clinical Psychologists) to the procedural or fair hearing and appeal rights set forth in Articles IX and X of the Medical Staff Bylaws. An AHP shall have the right, however, to challenge any action that would constitute grounds for a hearing under Article IX by filing a written grievance with the Medical Executive Committee within 15 days of receiving notice of such proposed action. Within 45 calendar days of the receipt of such a grievance, the Medical Executive Committee shall conduct an investigation that affords the affected AHP an opportunity for an interview before the committee concerning the grievance. The interview shall not constitute a "hearing" as set forth in Article IX, and shall not be conducted according to the procedural rules applicable with respect to hearings. Before the interview, the AHP shall be informed of the general nature and circumstances giving rise to the proposed action, and at the interview, the AHP may present information relevant thereto. A record of the interview shall be made, and a decision on the action shall be made by the Medical Executive Committee. The affected AHP shall be notified of the action of the Medical Executive Committee in writing, with a copy to the Governing Board, within 10 days of the decision. Within 30 days of the notice of the date of the decision,

the affected AHP may submit a written notice of appeal to the Governing Board. Such notice shall be hand-delivered or sent by certified mail to the Chief Executive Officer. The Governing Board, or a delegated committee thereof, shall consider the appeal based on a review of the record from the earlier grievance process, and based on written submissions by the parties. The Governing Board shall give great weight to the recommendations and actions of the Medical Executive Committee. The decision of the Governing Board shall be hand-delivered or sent by certified mail to the affected AHP and the Medical Executive Committee. If the affected AHP does not submit a timely notice of appeal, the decision of the Medical Executive Committee shall be final.

VIII. Physician Assistants

8.1 Limitation on Medical Services

- 8.1-1 A Physician Assistant (PA) may only provide those medical services which he or she is competent to perform and which are consistent with the PA's education, training, and experience, and which are delegated in writing by a Supervising Physician who is responsible for the patient's care by that PA.
- 8.1-2 The Department to which the PA is assigned may require proof or demonstration of competence from any PA for any tasks, procedures, or management he or she is performing. A PA shall consult with a physician regarding any task, procedure, or diagnostic problem, which the PA determines exceeds his or her level of competence or shall refer such cases to a physician.

8.2 Medical Staff Performable

- 8.2-1 Physician Assistants with approved practice privileges may:
- A. Take a history, perform a physical examination, and make an assessment there from; and record and present pertinent data in a manner meaningful to the physician.
 - B. Perform or assist in the performance of laboratory and screening procedures delegated by the Supervising Physician where the procedures to be performed are consistent with the physician's specialty or usual and customary practice, and with the patient's health and condition.
 - C. Perform or assist in the performance of therapeutic procedures delegated by the Supervising Physician where the procedures to be performed are consistent with the physician's specialty or usual and customary practice, and with the patient's health and condition.
 - D. Recognize and evaluate situations, which call for immediate attention of the physician and institute, when necessary, treatment procedures essential; for the life of the patient. Instruct and counsel patients regarding matters pertaining to their physical and mental health, such as diets, social habits, family planning, normal growth and development, aging and understanding of the long term management of their disease.
 - E. Instruct and counsel patients regarding matters pertaining to their physical and mental health, such as diets, social habits, family planning, normal growth and development, aging and understanding of the long term management of their disease.

- F. Assist the physician in the institutional setting by arranging admission, by completing forms and charts pertinent to the patient's medical record, by providing services to patients requiring continuing care, including patients at home. This assistance also includes reviewing treatment and therapy plans, ordering routine diagnostic and laboratory tests and procedures and routine diagnostic radiological services, such as chest x-rays, ordering therapeutic diets, physical therapy treatments and respiratory care services, and evaluating patients and performing the procedures and tasks specified in this section and acting as first or second assistant in surgery under the supervision of an approved Supervising Physician.
- G. Facilitate the physician's referral of patients to the appropriate health facilities, agencies, and resources of the community.
- H. Prescribe medications based on DEA Registration Schedule. Transmit orally, or in writing on a patient's record, a prescription from his or her Supervising Physician to a person who may lawfully furnish such medications. The Supervising Physician's prescription, transmitted by the PA, for any patient care for or by the PA, shall be based either on a patient-specific order by the Supervising Physician or on a written protocol which specifies all criteria for the use of a specific drug and any contraindications for the selection. A PA shall not transmit a prescription for a drug other than that drug specified in the protocol, without a patient-specific order from a Supervising Physician. At the direction and under a PA's Supervising Physician, a PA may hand to a patient of the Supervising Physician a properly labeled prescription drug prepackaged by a physician, or manufacturer as defined in the Pharmacy Law, or a Pharmacist.
- I. In any case, the medical record of any patient cared for by the PA for whom the physician's prescription has been transmitted or carried out shall be reviewed and countersigned and dated by a Supervising Physician within 24 hours.
- J. A PA may provide or transmit a prescription for controlled substances in Schedules II through V, inclusive without patient-specific authority by a Supervising Physician.

8.2-2 Delegated Procedures

- A. The delegation of procedures to a PA under this rule shall not relieve the Supervising Physician of primary continued responsibility for the patient's welfare.

8.2-3 Supervision Required

- A. A Supervising Physician shall be available in person or by electronic communication at all times when the PA is caring for patients.
- B. A Supervising Physician shall delegate to a PA only those tasks and procedures consistent with the Supervising Physician's specialty or usual and customary practice and with the patient's health and condition.
- C. A Supervising Physician shall observe or review evidence of the PA's performance of all tasks and procedures to be delegated to the PA until assured of competency.

- D. The PA and the Supervising Physician shall establish in writing back-up procedures for the immediate care of patients who are in need of emergency care beyond the PA's scope of practice for such time when a Supervising Physician is not on the premises.
- E. A PA and his or her Supervising Physician shall establish in writing guidelines for the adequate supervision of the PA which shall include one or more of the following mechanisms:
 - i. Examination of the patient by a Supervising Physician the same day as care is given by the PA.
 - ii. Countersignature and dating of all medical records entered or written by the PA within 24 hours that the care was given by the PA.
 - iii. Adoption of protocols to govern the performance of a PA for some or all tasks. The minimum content for a protocol shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order drugs to recommend to the patient, and education to be given to the patient. For protocols governing procedures, the protocol shall state the information to be given to the patient, the preparation and technique of the procedure, and the follow-up care. Protocols shall be developed by the physician or adopted from tests or other sources. Protocols shall be signed and dated by the Supervising Physician and the PA. The Supervising Physician shall review, countersign, and date a minimum of 10% sample of medical records of patients treated by the PA functioning under these protocols within 24 hours. The physician shall select for review those cases, which by diagnoses, problem, treatment, or procedure present, in his or her judgment, the most significant risk to the patient.
 - iv. Other mechanisms approved in advance by the Interdisciplinary Practices Committee.
- F. Except in a life-threatening situation, a PA shall perform surgery requiring other than a local anesthesia only under the direct and immediate supervision of an approved physician.
- G. The Supervising Physician has continuing responsibility to follow the progress of the patient and to make sure that the PA does not function autonomously. The Supervising Physician shall be responsible for all medical services provided by a PA under his or her supervision.
- H. Each time a PA cares for a patient and enters his or her name, signature, or initials on the patient record, the PA shall also enter the name of his or her Supervising Physician who is responsible for the patient. When a PA transmits an oral order, he or she shall state his or her name and title, and will also state the name of the Supervising Physician who is responsible for the patient.
- I. The Supervising Physician must countersign all medication orders within 24 hours.

- A. In addition to the required application referred to in the above section, a written request signed by the applicant's Supervising Physician shall be submitted to the appropriate Clinical Department specifying those duties and acts which the applicant shall be authorized to perform in the Medical Center. Each such request shall include a statement by said physician, together with necessary additional documentation to establish the following:
- i. That the Supervising Physician accepts full legal and ethical responsibility for the performance of all duties and acts.
 - ii. What entries by way of observation or transcription, the Supervising Physician proposes to allow to be entered upon the patient's chart by the PA.
 - iii. Those specific duties and acts, including histories and physical examinations, that the Supervising Physician requests be permitted to perform outside the immediate supervision and control of the Supervising Physician.
 - iv. A clear delineation of the authority, if any, that such PA may have as related to Medical Center personnel.

8.2-5 Statement of Duties of Supervising Physician

- A. The Supervising Physician shall also sign a statement in a form acceptable to the Clinical Department to be approved by the Medical Executive Committee, which shall indicate his willingness to honor the following agreements:
- i. Agreement that he or she will immediately notify the Medical Executive Committee in writing, in the event his or her approval to supervise the applicant is revoked, limited, or otherwise altered by action of the Medical Board of California (MBC), or in the event of any notification of investigation of his or her supervision of the applicant by the MBC, or if there is a change in the employment of the PA.
 - ii. Agreement to inform all patients of the procedures to be performed by the applicant PA, identified as such, and to obtain written informed consent for surgical procedures as required by the regulations of the MBC and in accordance with such rules and regulations pertaining thereto, as may be adopted by the Hospital from time to time.
 - iii. Agreement to comply with all regulations of the MBC and Hollywood Presbyterian Medical Center (HPMC) with respect to his or her supervision of the applicant PA, specifically including, but not limited to, such regulations as have been (or may, from time to time, be) adopted by said Board and HPMC and the Medical Executive Committee, with respect to:
 - a. billing for the services of such PA;
 - b. requirements for supervision of said PA with respect to the type and scope of services such assistant is approved to perform by the Board; and

- c. requirements for identification of the PA while rendering medical services.
 - B. It shall be understood that compliance with such regulations shall be considered a necessary but not sufficient condition, for the continuing approval by the Medical Executive Committee of the performance of services by a PA in the Medical Center.
- 8.2-6 Practice Contingent of Staff Status of Supervising Physician
 - A. The right of a PA to render medical services within the Hospital shall be contingent upon the Supervising Physician's continued membership on the Medical Staff. If the Supervising Physician terminates his or her staff membership, or if this membership is suspended or revoked, the PA's privileges shall automatically be terminated.
- 8.2-7 Disciplinary Action
 - A. After consultation with the Supervising Physician, any approval of a PA pursuant to this section may be modified or terminated by the Medical Executive Committee at any time or upon recommendation of the Department Chair. The Medical Executive Committee shall promptly advise the PA and the Supervising Physician of any such suspension or restriction and grounds for such action.

IX. Certified Registered Nurse Anesthetist (CRNA) Service Limitations

9.1 Services

- 9.1-1 A CRNA may only provide those anesthesia services, which he or she is competent to perform, and which are consistent with his or her education, training, and experience.

9.2 CRNA Practice Privileges

- 9.2-1 A CRNA may function beyond the normal Registered Nurse (RN) scope of practice with approved practice privileges. The CRNA may:
 - A. Work only under the direction and supervision of an on-call anesthesiologist.
 - i. Perform and document pre-anesthesia assessment and evaluation of patient.
 - ii. Develop and implement an anesthesia plan.
 - iii. Select and initiate anesthesia technique – general, regional (epidural, spinal) – and monitored anesthesia care.
 - iv. Administer and maintain anesthesia. Monitor the patient. Correct abnormal responses to the anesthesia and surgery.
 - v. Provide pain relief for postoperative patients.
 - vi. Check anesthesia machine and equipment.

- vii. Check anesthesia supplies at least daily and coordinate with anesthesiologist and charge nurse or designee.

9.3 Supervision Required

9.3-1 Anesthesiologist on-call will assign, direct, and supervise CRNA.

9.4 Proctoring

9.4-1 Proctoring of the CRNA will be done by two or more anesthesiologists for at least six cases, with evaluation of the CRNA covering these issues:

- A. Understanding anesthesia plan and follow-up.
- B. Skills of induction and maintenance of anesthesia.
- C. Skills of monitoring and supporting life functions.
- D. Recognition and interaction of abnormal patient's responses under anesthesia.
- E. Overall attentiveness to details.

X. Nurse Practitioners

10.1 Qualifications

10.1-1 A Nurse Practitioner is a registered nurse with additional preparation and skills in physical diagnosis, psychological assessment, and management of health care needs in primary health, and who possesses the ability to:

- A. Assess the health status of individual and families;
- B. Provide for the continuity of health care to patients;
- C. Provide instruction and counseling to individuals, families, and groups concerning preventive health care; and
- D. Collaborate with other providers and agencies to assure the provision and coordination of health care delivery to individuals and families.

10.2 Application

10.2-1 Nurse Practitioner employees shall be subject to the Hospital's ordinary personnel and hiring policies. In addition to the general requirements set forth in Sections 1-7 of these Rules and Regulations, the following criteria shall specifically apply to any person applying for AHP status as a Nurse Practitioner:

- A. The Nurse Practitioner shall be currently licensed as a registered nurse in California.
- B. The Nurse Practitioner shall:

- i. Have completed a program of instruction as set forth and described in Title 16, Section 1484 of the California Administrative Code; or
- ii. Have remedied any area of deficiency in a program of instruction, otherwise conforming to Board standards if the basic Nurse Practitioner Program did not meet the standards of a program of instruction as set forth and described in Title 16.
- iii. At all times comply with the provisions of Section 1480 et. seg. of Title 16 of the California Administrative Code.

10.3 Conditions and Standards of Practice

- 10.3-1 The Nurse Practitioner shall approve those tasks that have been approved on the practice privilege form.
- 10.3-2 Prescribe medications as outlined on DEA Registration Schedule.
- 10.3-3 The Nurse Practitioner shall perform no tasks or functions which fall outside the approved scope of practice, as specified in the Nurse Practice Act.
- 10.3-4 The Nurse Practitioner who performs tasks or functions, which require a Standardized Procedure, must do so in collaboration with, and under the supervision of a Supervising Physician. A Supervising Physician must be a current member in Good Standing of the Medical Staff of the Hospital
- 10.3-5 If the staff privileges of the Supervising Physician are terminated, revoked, or suspended by the Hospital for any reason, the Nurse Practitioner shall not perform any tasks or functions that require the supervision of a Supervising Physician.
- 10.3-6 Any patient seen or treated by a Nurse Practitioner shall be so apprised, and shall sign a written consent acknowledging that the patient is aware of and consents to treatment from the Nurse Practitioner. The patient shall be given the opportunity to refuse treatment.

10.4 Non-Employee Nurse Practitioners

- 10.4-1 In addition to the application procedures and standards of practice generally applicable to Nurse Practitioners, the following requirements and standards shall specifically apply to a non-employee Nurse Practitioner.
- A. The Supervising Physician shall submit to the Interdisciplinary Practices Committee and his or her Department, a written statement which sets forth those tasks or functions that the Nurse Practitioner proposes to perform at the Hospital, and which also establishes the following:
 - i. That the Supervising Physician accepts full legal responsibility for the supervision of those tasks and functions performed by the non-employee Nurse Practitioner at the Hospital pursuant to a Standardized Procedure.

- ii. All data, observations, orders, summaries, directions, or other information the Supervising Physician proposes to allow the non-employee Nurse Practitioner to enter in the medical record or chart of the patient.
- iii. A clear delineation of the authority of the non-employee Nurse Practitioner at the Hospital.

10.5 Termination by Supervising Physician

10.5-1 The Supervising Physician shall further agree in writing to notify the Interdisciplinary Practices Committee immediately if for any reason:

- A. He or she is no longer willing or able to continue to sponsor the Nurse Practitioner at the Hospital, or
- B. The Nurse Practitioner's associate with the organized health system of which the physician is a member is terminated.

10.6 Identification of Non-Employee Nurse Practitioner

10.6-1 The Nurse Practitioner shall at all times be identified as an associate of the physician and not an employee of the Hospital by means of a badge to be worn stating the nurse's name and title and the name of the Supervising Physician or organized health care system.

10.7 Reappointment

10.7-1 The Interdisciplinary Practices Committee shall be responsible for periodic review and evaluation of the performance of the non-employee Nurse Practitioner. Shall be every two years.

XI. Clinical Psychologists

11.1 Qualifications

11.1-1 A Clinical Psychologist shall be currently licensed by the MBC. He or she shall provide proof of completion of a doctorate degree in psychology from a regionally accredited institution.

11.2 Application

11.2-1 Any person applying for AHP status, as a Clinical Psychologist shall be subject to the general requirements set forth in Sections 1-7 of these Rules and Regulations, along with the following criteria, which apply specifically to any person applying for AHP status as a Clinical Psychologist.

- A. The Clinical Psychologist shall be currently licensed in good standing by the Psychology Examining Committee of the Division of Allied Health Professionals of the MBC and shall have adequate training and experience in diagnosis, treatment, and care of patients suffering from psychological and emotional disorders.
- B. Upon receipt of an application, a report shall be requested from the MBC or other appropriate board pursuant to California Business and Professions Code Section 805.5.

11.3 Conditions and Standards of Practice

- 11.3-1 The Clinical Psychologist shall practice under the general supervision of the Medical Staff and shall comply with rules and regulations pertaining to the practice of clinical psychology adopted by the Medical Staff and Department of Medicine.
- 11.3-2 Each inpatient treated by the Clinical Psychologist shall at all times be under the general care of an attending physician who is a member of the Medical Staff. The physician shall have responsibility for the patient's overall medical care and treatment. The attending physician must concur in the admission or discharge of the patient.
- 11.3-3 The Clinical Psychologist shall not render patient care outside his or her competence established by education, training and experience.
- 11.3-4 The Clinical Psychologist shall not knowingly undertake any therapy or other professional activity in which the characteristics of his or her personality may likely interfere with the professional activity, and shall not misrepresent, or permit the misrepresentation of his or her professional qualifications, affiliations, or purposes.
- 11.3-5 The Clinical Psychologist shall at all times identify himself or herself as a psychologist when engaged in any therapy or other professional activity, and shall not misrepresent or permit the misrepresentation of his or her professional qualifications, affiliations, or purposes.
- 11.3-6 The Clinical Psychologist shall agree to indemnify and defend the Hospital against any claim or liability arising out of or in connection with any of his or her acts or omissions.