

**This page is to be completed by the applicant.**

**General Information:** (If your answer to any of the following is "yes" please provide a full explanation of the details on a separate sheet and attach.)

Since your last appointment or reappointment:

- Yes No Has your license or registration (state or district) to practice your profession in any jurisdiction been limited, voluntarily relinquished or limited, suspended, revoked, denied, or subjected to probationary conditions, or have proceedings toward any of those ends been instituted?
- Yes No Has your affiliation or clinical privileges at any hospital or health care institution been denied, limited, voluntarily relinquished or limited, revoked, not renewed or subject to probationary conditions, or have proceedings toward any of those ends been instituted or recommended by a standing medical staff committee or governing board?
- Yes No Have you been denied membership or renewal thereof or been subject to any disciplinary action in any medical organization or professional society, local, state or national, or have proceedings toward any of those ends been instituted?
- Yes No Have your medical license or controlled substance authorization in any jurisdiction (state, district, or DEA) been limited, suspended, revoked or voluntarily relinquished or limited, or have proceedings toward any those ends been instituted?
- Yes No Have there been any criminal proceedings against you?

**Professional Liability Insurance:** (If the answer to any of the questions below is yes, please provide a full explanation of the details on a separate sheet, and attach. The explanation must include the name of the company, the date and specific information concerning any limitations, or the court in which the suit was filed, the caption and docket number of the case, the name and address of the attorney defending you, the substance of the allegations or findings in the proceedings or actions, and all other relevant details.)

- Yes No Has your present professional liability insurance carrier excluded any specific procedures from your insurance coverage?
- Professional liability suits against you in any state:
- Yes No Have any professional liability suits been filed against you since your last application?
  - Yes No Have any professional liability suits been filed against you which are presently pending?
  - Yes No Have any judgments or settlements been made against you in professional liability cases since your last appointment?

**Health Status:** (If you answer yes to any of these questions, please give a full explanation of the details on a separate sheet and attach.)

- Yes No Have you had any health problems which might affect your ability to treat patients?
- Yes No Do you have any limitations on your health, life or disability insurance?
- Yes No Have you had any problems with alcohol or drug over use since your last application? (Include D.W.I.'s)
- Yes No Have you been treated in an inpatient or outpatient facility for drug or alcohol use since your last appointment?
- Yes No Do you presently have a physical or mental health condition, including but not limited to infectious disease, that affects or is expected to progress to the point of affecting your ability to perform professional duties appropriately?
- Yes No Are you currently taking any medication that may affect either your clinical judgment or motor skills?
- Yes No Are you currently under any limitations, in terms of activity or work load?
- Yes No Are you currently under the care of a physician except for regular checkups?

**PRIVILEGES:**

Do you plan to have this person assist in surgery:

Yes  No

If yes, please answer the following questions:

1. Previous operating room experience?

Yes  No

Institution: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

2. Previous experience in aseptic surgical technique?

Yes  No

Institution: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

3. Previous experience assisting in the specific procedures for which privileges are requested?

Yes  No

4. Have you personally observed this person perform the following technical skills in a competent manner?

a. Tissue handling

Yes  No

b. Instrument handling

Yes  No

c. Hemostasis technique

Yes  No

d. Suturing

Yes  No

e. Knot tying

Yes  No

**Statement of Applicant (Including Release of Information Statement)**

In making application for privileges as a Physician Directed Allied Health Professional, I agree to abide by the policies of Providence Everett Medical Center. The foregoing statements are accurate and correct to the best of my knowledge. Further, I will perform only those services specifically approved. I realize that my authorization to perform services will be reviewed periodically and will terminate immediately upon cessation of my employer-employee relationship.

By applying for authority to provide services in the Hospital, I hereby signify my willingness to appear for interviews in regard to my application, authorize the hospital, the medical staff and their representatives to consult with administrators, previous employers, and members of medical staffs of other hospitals or institutions with which I have been associated, and with others including past and present malpractice carriers who may have information bearing on my professional competence, character and ethical qualifications. I hereby further consent to the inspection by the hospital, the medical staff and their representatives of all records and documents, including medical records at other hospitals that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested, as well as my moral and ethical qualifications. I hereby release from liability all representatives of the hospital and its medical staff for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and I hereby release from any liability any and all individuals and organizations who provide information to the hospital or its medical staff in good faith and without malice concerning my professional competence, ethics, character and other qualifications and I hereby consent to the release of such information.

I hereby further authorize and consent to the release of information by this hospital or its medical staff to other hospitals, medical associates and other interested persons on request regarding any information the hospital and the medical staff may have concerning me as long as such release of information is done in good faith and without malice, and I hereby release from liability this hospital and its staff for doing so.

A copy of this authorization for release of information will suffice and may be used in lieu of an original for each separate inquiry.

\_\_\_\_\_  
Applicant Date

**Statement of Physician-Employer/Sponsor:**

I fully understand that any mis-statement in, or omission from, this application constitutes cause for denial of privileges. All information submitted in this application is true to the best of my knowledge and belief.

I understand that all charges for services provided must comply with all applicable federal, state and local laws, rules and regulations.

I further understand that as the physician-employer, I am responsible for all actions and procedures this individual may perform during the practicing of clinical privileges which may be granted and am responsible to assure that this individual does not perform activities or procedures for which privileges have not been specifically granted. Any change in the employment status of this person will be immediately reported to the Medical Staff Services office at Providence Everett Medical Center.

**Do you have professional liability insurance coverage for this applicant? Yes No**

**Does this applicant in lieu of or in addition to your coverage, carry their own coverage? Yes No**

\_\_\_\_\_  
Physician-Employer/Sponsor Date

\_\_\_\_\_  
Alternate Physician-Employer/Sponsor Date

\_\_\_\_\_  
Alternate Physician-Employer/Sponsor Date

\_\_\_\_\_  
Alternate Physician-Employer/Sponsor Date

**REPORTS, RECOMMENDATIONS, ACTIONS**

**Report of Division of** \_\_\_\_\_

- Approved
  - Amended
  - Denied
- Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Division Chief or Designee: \_\_\_\_\_  
Signature Date

**Recommendation of Credentials Committee**

- Approved
  - Amended
  - Denied
- Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chairperson: \_\_\_\_\_  
Signature Date

**Action of Hospital Board of Directors**

- Approved
  - Amended
  - Denied
- Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chairperson: \_\_\_\_\_  
Signature Date

**Reviewed by:** \_\_\_\_\_  
Kim Williams, RN, Chief Nursing Officer Date

**Medical Staff of Providence Everett Medical Center**

**MEDICAL STAFF STANDARDS OF CONDUCT  
AT PROVIDENCE EVERETT MEDICAL CENTER**

*AMENDED 11/2008*

The Providence Mission endorses the following values: excellence, respect, justice, compassion and stewardship. In addition to providing the highest standard of technical care to its patients, it is the policy of this medical center that all individuals within its facilities be treated courteously, respectfully and with dignity.

To that end, the Board of Directors requires that all individuals, employees, physicians and other practitioners conduct themselves in a professional and cooperative manner in accordance with the Mission and Core Values of the Providence Health System, as guided by the Ethical and Religious Directives for Catholic Health Care Services, and in accordance with the Physician Orientation Handbook of Essential Information.

Unacceptable conduct may include, but is not limited to, behavior such as:

1. Attacks (verbal or physical) leveled at other appointees to the Medical Staff, Hospital personnel, patients or visitors.
2. Non-constructive criticism addressed to its recipient in such a way as to intimidate, undermine confidence, belittle or imply stupidity or incompetence.
3. Impertinent and inappropriate comments (or illustrations) made in patient medical records or other official documents, impugning the quality of care in the Hospital, or attacking particular physicians, employees or Hospital policies.
4. Refusal to accept medical staff assignments, or doing so in a disruptive manner.
5. Remarks or behavior of a sexually suggestive or harassing nature. What may seem innocent or humorous to one person can be offensive to another.
6. Possession, consumption, sale or being under the influence of alcohol, or an illegal or controlled substance on the premises (except the use of prescribed medications) is prohibited. Willful abuse of prescribed medications in a way that affects performance will also not be tolerated.
7. Failure to report health problems that may affect performance, as required by the Credentialing standards.
8. Noncompliance with the other rules and regulations of the Medical Staff, e.g., responding in a timely manner to pages, using legible handwriting, participating in committees, etc.
9. Failure to participate in the peer review process.
10. Any item listed in RCW 18.130.180 (see addendum).

Self-Treatment or Treatment of Immediate Family Members: Physicians generally should not treat themselves or their immediate family members. Professional objectivity may be compromised when an immediate family member of the physician is the patient. Except in emergencies, it is not appropriate for practitioners to write prescriptions for controlled substances of immediate family members (Schedule I, II, IV)

In order to ensure patient safety, I agree that when a request for more information (e.g., "I need clarity") is used by anyone in this organization, I will respond in a neutral and respectful manner and invite the deliverer of the message to leave the patient area, when clinically appropriate, to discuss the next steps.

**I have read and agree to abide by the above noted standards.**

\_\_\_\_\_  
Practitioner Name – PRINT

\_\_\_\_\_  
Practitioner Signature

\_\_\_\_\_  
Date

## ADDENDUM

### Unprofessional conduct according to the Uniform Disciplinary Act (RCW 18.130.180)

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

(5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers, documents, records, or other items;

(b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;

(c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or

(d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;

(9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;

(10) Aiding or abetting an unlicensed person to practice when a license is required;

(11) Violations of rules established by any health agency;

(12) Practice beyond the scope of practice as defined by law or rule;

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

(14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

(15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;

(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;

(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(18) The procuring, or aiding or abetting in procuring, a criminal abortion;

(19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;

(20) The willful betrayal of a practitioner-patient privilege as recognized by law;

(21) Violation of chapter 19.68 RCW;

(22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;

(23) Current misuse of:

(a) Alcohol;

(b) Controlled substances; or

(c) Legend drugs;

(24) Abuse of a client or patient or sexual contact with a client or patient;

(25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.



**Non-Employed Physician  
Confidentiality And  
Nondisclosure Statement**

Name: \_\_\_\_\_ PHS Contact: \_\_\_\_\_  
(Last, First, MI – Please Print)

I understand that in the course of performing services on behalf of Providence Health & Services – Washington/Montana (WA/MT), I will have access to information not generally available or known to the public. I understand that such information is confidential information that belongs to WA/MT. Confidential information includes but is not limited to patient, customer, member, provider, group, physician, employee, financial, and proprietary information, whether oral or recorded in any form or medium. I understand that information developed by me, alone or with others, may also be considered confidential information belonging to WA/MT.

I will hold confidential information in strict confidence and will not disclose or use it except (1) as authorized by WA/MT; (2) as permitted under written Agreement between WA/MT and my employer or myself; (3) consistent with the scope of services I perform on behalf of WA/MT and with applicable WA/MT policies and practices; and (4) solely for the benefit of WA/MT, its patients, members and other customers.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while contracting with WA/MT, or my right to use information that becomes generally known to the public through no fault of my own.

I will not access Confidential Information for which I have no legitimate need to know.

I understand it is my responsibility to become familiar with and abide by applicable laws, regulations, and WA/MT policies and protocols regarding the confidentiality and security of confidential information.

I understand that e-mail is not a secure, confidential method of communication. I will not include confidential patient information in e-mail communications outside of the Providence Health & Services (i.e. from or to non-providence.org email addresses, without first contacting the Privacy Officer or the Information Security Officer for current protection method information).

I understand that WA/MT electronic communication technologies (Internet and e-mail) are intended for benefit of WA/MT, however limited personal use is permitted. Personal use is defined as incidental and occasional use of electronic communications technologies for personal activities that should normally be conducted during personal time, such as break periods, or before and after scheduled working hours, and is not in conflict with WA/MT business requirements. Internet usage is monitored and audited on a regular basis by WA/MT management. WA/MT management also reserves the right to monitor e-mail and telephone usage.

I understand that if I breach the terms of this confidentiality and nondisclosure statement or applicable WA/MT confidentiality, privacy and/or security policies, I may be subject to sanctions pursuant to the Medical Staff Corrective Action Plan. Further, WA/MT may terminate any written Agreements I have with WA/MT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Company or Affiliation \_\_\_\_\_



**Employee Confidentiality  
and Nondisclosure  
Statement**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(Last, First, MI – Please Print)

I understand that as an employee of Providence Health & Services-Washington/Montana (WA/MT), I will have access to information not generally available or known to the public. I understand that such information is confidential information that belongs to WA/MT. Confidential information includes but is not limited to patient, customer, member, provider, group, physician, employee, financial, and proprietary information, whether oral or recorded in any form or medium. I understand that information developed by me, alone or with others, may also be considered confidential information belonging to WA/MT in accordance with WA/MT policies and procedures.

I will hold confidential information in strict confidence and will not disclose or use it except as authorized by WA/MT, for Providence Health & Services-WA/MT’s benefit.

I will not access Confidential Information for which I have no legitimate need to know.

I understand it is my responsibility to become familiar with and abide by applicable laws, regulations, and WA/MT policies and protocols regarding the confidentiality and security of confidential information.

I understand that e-mail is not a secure, confidential method of communication. I will not include confidential patient information in e-mail communications outside of the Providence Health & Services (i.e. from or to non-providence.org email addresses, without first contacting the Privacy Officer or the Information Security Officer for current protection method information).

I understand that WA/MT electronic communication technologies (Internet and e-mail) are intended for job-related activities, however limited personal use is permitted. Personal use is determined as incidental and occasional use of electronic communications technologies for personal activities that should normally be conducted during personal time, such as break periods, or before and after scheduled working hours, and is not in conflict with business requirements of the department. Internet usage is monitored and audited on a regular basis by WA/MT management. WA/MT management also reserves the right to monitor e-mail and telephone usage.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while employed by WA/MT, or my right to use information that becomes generally known to the public through no fault of my own.

I understand that if I breach the terms of this Confidentiality and Nondisclosure Statement, WA/MT may institute disciplinary action up to and including termination of my employment with Providence Health & Services-WA/MT.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date