Clinical Privileges Profile
Genetics Counselor
Grandview Medical Center System
Dependent Allied Health Professional

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other requirements
- Note that privileges granted may be exercised only at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining the qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Each specialty and/or supervising/collaborating physician is responsible for submitting a list of privileges, which are not otherwise identified in this document, and that are within the supervising physician’s normal course and scope of practice. This specific list will be approved by the Allied Health Professionals Council, the Credentials Committee and the Medical Executive Committee. An approved list will then be included in each genetic counselor’s application. If special duties, not included on the list, are requested they must be approved by the above committees.
- The privileges of a licensed genetic counselor may be terminated at the direction of the clinical service chief in which the supervising/collaborating physician is a member or the Chief of Staff at any time for just and due cause. The supervising physician may appeal this termination to the Medical Executive Committee or a committee especially dedicated for this purpose. Privileges are voluntarily resigned upon leaving the employment of the supervising/collaborating physician(s).

QUALIFICATIONS FOR GENETICS COUNSELOR

To be eligible to apply for clinical privileges as a licensed genetics counselor (LGC), the applicant must meet the following criteria:

1. Master’s degree or doctorate in genetic counseling granted by a program accredited by the American Board of Genetic Counseling.
2. Collaborative agreement with a physician approved for active privileges in a specialty relevant to the LGC’s practice.
3. Unrestricted license as a genetic counselor in the state of Ohio.
**Required previous experience:** Applicants for initial appointment must be able to demonstrate provision of care, treatment, or services reflective of the scope of privileges requested to at least 25 patients in the past 12 months, or completion of master’s or post master’s degree program in the past 12 months.

**Reappointment requirements:** To be eligible to renew core privileges as an LGC, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience 25 patients with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

---

**CORE PROCEDURE LIST FOR GENETICS COUNSELOR**

*These lists are a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.*

- Obtain and evaluate the medical history of the patient and family to determine risk for genetic or medical conditions and diseases for the patient, offspring, or family members.
- Discuss the features, natural history, means of diagnosis, genetic and environmental factors, and management of risk for genetic or medical conditions and diseases.
- Identify, order and coordinate genetic laboratory tests and other diagnostic studies as appropriate for genetic assessment.
- Integrate the results of genetic laboratory tests and other diagnostic tests with individual and family medical histories.
- Explain to a patient and the patient’s family the clinical implications of the results of genetic laboratory tests and other diagnostic tests.
- Evaluate the response of a patient or the patient’s family members to one or more genetic conditions or the risk of reoccurrence and provide patient-centered counseling and guidance.
- Identify and use community resources that provide medical, educational, financial, and psychosocial support and advocacy.
- Provide medical, genetic, and counseling information to patients, their families, and other health care professionals.

---

**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those clinical privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Grandview Medical Center System, and I understand that:

a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged allied health professionals.

Signed__________________________ Date__________________
ENDORSEMENT OF PHYSICIAN EMPLOYER(S)/SUPERVISOR(S)

Signed_________________________________________  Date__________

Signed_________________________________________  Date__________

DEPARTMENT CHAIR RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

☐ Recommend requested clinical privileges
☐ Recommend clinical privileges with the following conditions/modifications:
☐ Do not recommend the following requested clinical privileges:

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Condition/modification/explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

Notes

Department Chair signature_________________________________________  Date__________

Adopted: August 30, 2017