

<b>Policy Area: Provider</b>	<b>Subject: Termination of Patients</b>
<b>Title of Policy: Patient Termination</b>	<b>Number:</b>
<b>Effective Date: 9/8/10</b>	<b>Page Number: 1</b>
<b>Approved Date: 9/8/10</b> <b>Revision Date: 01/22/13</b>	<b>Approved by: L. Kawalec, Billing Manager</b>

**1. Rationale or background to policy:** To establish a process for terminating patients from the practice.

**2. Policy Statement:** The physician-patient relationship may be terminated for a variety of reasons, including but not limited to: failure to keep appointments, failure to follow medical advice, refusal to undergo recommended care, failure to pay bills, or behavior that is offensive or dangerous to other patients or health care personnel.

The general rule is that once a physician (or NPP) begins treating a patient, the physician (or NPP) has a responsibility to continue treating the patient until the relationship is terminated. The AMA Code of Ethics states that “physicians have an obligation to support the continuity of care for their patients. While physicians have the option of withdrawing from a case, they cannot do so without giving notice to the patient sufficiently long in advance of withdrawal to permit another medical attendant to be secured.”

**3. Procedures:**

- a. A letter must be sent to the patient via certified mail, return receipt requested. (Returned receipt and copy of letter should be filed/scanned in patient’s chart.)
- b. The patient will be given 30 days to locate another physician.
- c. A reason for the termination may be given, but is not required.
- d. The Erie County Medical Society referral number will be given.
- e. We will continue to provide routine and emergency care until another physician is located, or until the termination date is reached.
- f. A Chart Alert should be put on the patient’s chart indicating the date the letter was sent and the date the termination is effective.
- g. Block appointment scheduling for the patient via Patient Status, OK to Schedule? **NO**
- h. Patient Status will be changed to “Released” and date of discharge will be added.

**See sample termination letter below.**

[Date]

[Patient Name]

[Street Address]

[City, State, Zip]

Dear [patient name],

This letter is to inform you that I will no longer be your physician and will stop providing medical care to you effective [30 days from date of letter].

I will continue to provide routine and emergency medical care to you for 30 days while you seek another physician.

I suggest you contact the Erie County Medical Society at (716) 852-1810 or check the yellow pages of your telephone book as soon as possible so that you may find another physician who will assume responsibility for your care.

Upon receipt of your written authorization, I will be pleased to send the physician of your choice a copy of your medical records.

Sincerely,

[Physician Name]

**INSTRUCTIONS:**

- 1. SEND TO PATIENT VIA CERTIFIED MAIL WITH RETURN RECEIPT REQUESTED.**
- 2. FILE COPY OF LETTER AND DELIVERY RECEIPT IN PATIENT'S CHART.**
- 3. PUT ALERT ON PATIENT'S CHART INDICATING THEY'VE BEEN DISCHARGED.**
- 4. MARK NO TO "OK TO SCHEDULE".**