

# *Sample Terminating the Physician-Patient Relationship Policy*

[Name of Practice]

Title: Terminating the Physician Patient Relationship

Date Developed: \_\_\_\_\_

Date Revised: \_\_\_\_\_

Approved by: \_\_\_\_\_

## I. Practice Philosophy

## II. Policy Statement

## III. Definition of Terms

A. Noncompliant

B. Inappropriate behavior

## IV. Criteria for Termination

A. Repeated noncompliance (specify)

B. Repeated inappropriate behavior (specify)

C. Unsalvageable relationship (add examples)

D. Threatening (specify)

E. Violent/illegal behavior (specify)

## V. Personnel Roles and Responsibilities

A. Physician/Provider

B. Practice Manager

C. Staff

## VI. Initial Steps

A. Discuss behavior/concerns with patient; clarify expectations; identify consequences.

B. Note discussion and attempts for resolution.

C. Review clinical documentation to determine if it supports a decision to initiate the termination process.

D. Determine if termination is the best course of action.

1. Does managed care contract permit termination?
2. Is the patient's condition stable enough to transfer to another provider?
3. Does the patient have reasonable access to another physician of like specialty?

## VII. Termination Procedure

- A. Discuss reasons with the patient if appropriate.
- B. Develop a transition plan and timeframe.
- C. Prepare a termination letter and send certified mail, return receipt requested. Place a copy of the letter in the patient record.
- D. If the certified letter is returned unaccepted, resend in a plain envelope.
- E. Inform staff not to schedule the patient after the termination date.

## VIII. Content of Termination Letter

- A. Reason for termination may be stated but is not necessary.
- B. Effective date of termination (specify timeframe, 30 days is typical).
- C. Name and number of physician referral hotline and/or local medical society to facilitate location of a replacement provider.
- D. Potential health consequences of failing to locate and enroll with a new physician.
- E. Enclose an Authorization for Release of Records and instruct the patient to complete and return it as soon as a new provider is selected.

## IX. Documentation

- A. Factual reason for termination.
- B. All attempts to communicate with the patient (in person, by telephone and by letter).
- C. Copies of all letters, returned receipts, and returned mail.
- D. Patient response.