Guidelines for safely dismissing a patient from the practice include:

- When and for what reason(s) to dismiss patients; careful documentation of patient non-compliance, disruptive behavior, or evidence of poor rapport will serve as the basis for the explanation and defense of the rationale for a termination of the relationship if the action is challenged.
- Notify the patient in writing, preferably by certified mail;
- Provide the patient with a specific reason for the termination;
- Agree to continue as the treating physician for at least 30 days;
- State clearly the date termination becomes effective;
- Provide information for identifying physicians of the same specialty (local county medical society);
- Offer to transfer records to the new physician upon receipt of a signed authorization to do so;
- Offer to see the patient in cases of emergency within a stated period of time (usually no more than 30 days);
- Include the above referenced items in the letter notifying the patient of the termination;
- The letter should be communicated briefly and in non-inflammatory, objective language and must advise the patient of the need for any follow-up care required;
- The best way to notify the patient is face-to-face with a follow-up letter sent certified mail, return receipt requested;
- If it is not possible or impractical to discuss the termination with the patient in person, the certified letter will serve as notice. If the patient refuses to accept the certified letter, the physician should place the letter in the patient’s chart and send a letter by regular mail. All efforts to notify the patient should be documented in the patient’s chart.
- Disposition of the balance owed (e.g., does it go to a collection agency if left unpaid?) Be aware that unpaid balances are a potential sign of patient dissatisfaction with the care, and this must be considered before collection efforts are intensified.
Patient Discharge
*A difficult patient keeps threatening to sue. Can I discharge him?*

Unless a patient's condition is urgent, no provider is forced to continue to care for them. In short, you can discharge a difficult or non-compliant patient, even one with a chronic condition. However, the real question is, should you?

In a recent survey of patients who sued their physicians, 83% cited the "doctor's indifference" as their top reason for suing. This suggests a real disconnect in communications between doctors and their patients. In these circumstances, discharging an already frustrated patient may simply provoke them to talk to a lawyer. They may interpret their physician's action as confirmation of their greatest suspicion, a genuine lack of interest in their health and wellbeing.

Of course, in spite of the doctor's best intentions, there are times when no choice exists but to discharge a non-compliant or combative patient from the practice. Just contemplating the option usually means that the cornerstone of the doctor-patient relationship, trust, has already eroded.

In those cases, a proper discharge letter should be sent, including: 1) a diagnosis; 2) an offer to render "emergency care only" for the next 30 days; 3) a specific 'final treatment' date, beyond which no care will be rendered; 4) a clear recommendation to immediately find another physician, if appropriate; 5) a description of possible outcomes if no further treatment is obtained; and 6) an offer to send the records to the patient's new physician. Lastly, be sure to send the letter by both regular and certified mail.
Discharging a Patient from Your Medical Practice

A Publication on HealthCare Risk Management from Princeton Insurance

Introduction

Occasionally, you may encounter patients who you no longer wish to treat. Reasons for ending the physician-patient relationship may include chronic non-compliance, rudeness to office staff, or non-payment of bills. While these patient behaviors can affect the interactive care-giving process, they may also identify patients with a propensity to file a claim against you. To help reduce the risk of a future claim, a physician may terminate or discharge a patient from the practice.

There are, however, certain exceptions that apply to terminating a patient. You may not terminate your professional relationship for any discriminatory purpose or in violation of any laws or rules prohibiting discrimination such as the Americans with Disabilities Act. You also are not permitted to terminate a patient where you know, or reasonably should know, that no other healthcare provider is currently able to provide the patient the type of care or services that you are providing to the patient.

If the patient is a member of a managed care network, you should consider discussing your intentions to discharge the patient with the health plan administrators, as special conditions may apply. They also can provide a list of other member physicians in the region who are accepting new patients.

You also are required by the New Jersey Board of Medical Examiner regulations to provide a patient whom you have discharged with a copy of his or her medical records without charge.

Reduce the Risk of Abandonment

Abandonment occurs when a physician suddenly terminates a patient relationship without giving the patient sufficient time to locate another practitioner. A patient, however, may withdraw from a physician’s care at any time without notifying the physician.

To reduce the risk of allegations of abandonment, it is recommended that, if possible, you discuss with the patient in person the difficulties in the physician-patient relationship and your intention to discharge the patient from the practice. Be sure to document the discussion fully in the patient’s medical record, also noting the presence of any witnesses such as a

Discharging a Patient-Medical

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patient’s family member or a member of your office staff. Caution: Documentation in medical records should never include subjective or disparaging statements or judgments about a patient.

Write a Formal Discharge Letter

You are required by law to notify the patient in writing of the termination. The letter must state that you will no longer provide care to the patient as of a date certain. The date certain must be at least 30 days from the date of the letter. You must also state in the letter that you will be available to provide emergency care or services, including provision of necessary prescriptions, during the 30-day notice period.

The discharge letter should also include:

✓ A description of any urgent medical problems the patient may have, including, if appropriate, a time frame within which the patient should be seen by another physician, and the potential implications or consequences if treatment is not received

✓ An offer to forward copies of the patient’s medical records to the subsequent treating physician (You may also include a HIPPA compliant authorization for the patient’s convenience.)

✓ The name and phone number of a local physician referral service or the local/state medical society to assist the patient in locating a physician who is accepting new patients.

The discharge letter should be marked "personal/confidential" and mailed by certified mail, return receipt requested, to the patient’s last known address. File a copy of the letter and the receipt in the patient’s medical record. If the letter is returned unclaimed, mail it again. If it is returned a second time, file it in the patient’s medical record as proof of your attempts to contact the patient. It is also suggested that you mail a copy of the letter by regular, first-class mail, in case the certified letter is not claimed.

A sample discharge letter is included here for reference on page 4.

Inform Your Staff

Communicate with your staff when you have formally discharged a patient from your practice. Office staff should not schedule an appointment for a discharged patient after the termination date specified in the letter, as doing so may reestablish a physician-patient relationship.
Dear (Patient),

You will recall that we discussed our physician-patient relationship in my office on (date of last visit or discussion). Also present were your (wife, husband, etc.) and my (nurse, assistant, etc.)

As we discussed, I find it necessary to inform you that I will no longer be able to serve as your doctor as of (date at least 30 days from date of letter). The primary difficulty has been (indicate general reason, e.g., your failure to cooperate with the medical care plan, your behavior toward my staff, etc.).

I recommend that you promptly find another physician to provide for your medical needs (state needs if continual medical attention is necessary, e.g., diabetes, hypertension). You may want to contact (names and phone numbers of the state or local medical society, managed care referral service, etc.) to obtain names of other physicians who are accepting new patients. Any delay could jeopardize your health, so I urge you to act promptly.

I will remain available to provide medical services to you, on an emergency basis only, until (same date as specified above in second paragraph) while you have the opportunity to arrange for another physician to assume your care. A medical records release authorization form is enclosed for your convenience. Upon receipt of your signed authorization, I will forward a copy of your medical record. I will also be happy to discuss your case with the physician who assumes your care.

Very truly yours,

(Your name)
If you are covering for another physician and must see a former patient that you discharged, be sure to inform the patient that you are seeing him/her as the covering physician for the new physician and are not resuming your former physician-patient relationship. Document this communication in your progress note in the patient’s medical record.

This material is not to be construed as establishing professional practice standards or providing legal advice. Compliance with any of the recommendations contained herein in no way guarantees the fulfillment of your obligations as may be required by any local, state or federal laws, regulations or other requirements. Readers are advised to consult a qualified attorney or other professional regarding the information and issues discussed herein, and for advice pertaining to a specific situation.