



TERMINATING A PROVIDER–PATIENT RELATIONSHIP

Medical Protective
Clinical Risk Management Department

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INTRODUCTION

Healthcare providers have the right to treat the patients they wish to treat. They also have the right to terminate relationships with patients for a variety of reasons, such as:

- Numerous attempts at communication have proven unsuccessful.
- The patient has repeatedly refused to obtain needed screening or treatment.
- The patient is persistently rude or belligerent to providers and/or staff.
- The patient and the provider are simply too different, in any multitude of ways, to be able to work as a team.

However, providers should use caution when discharging from their care patients who are members of a protected class. Federal and state laws prohibit discrimination based on race, religion, color, etc., and other laws — such as the Americans with Disabilities Act (ADA) — also may apply. When confronted with a situation in which these laws might be applicable, providers should seek legal advice.

OBJECTIVES

The objectives of this guideline are to:

- Review important considerations for terminating a provider–patient relationship, such as documentation, timing, payment issues, and behavior contracts;
- Emphasize the importance of developing a formal termination process that establishes a framework for discharging patients from the practice;
- Discuss the essential components of drafting, sending, and documenting notifications of termination; and
- Review other termination considerations, such as using “no schedule” lists, following-up with patients who initiate termination of the relationship, and establishing administrative oversight.

CONSIDERATIONS FOR TERMINATING THE PROVIDER–PATIENT RELATIONSHIP

Documentation

When the provider–patient relationship becomes untenable, the provider should review the patient's record before deciding to discharge the patient. Although it is true that healthcare professionals can terminate a relationship with a patient, it also is wise for the provider to have objective and factual documentation that supports the decision.

For example:

- Have patient instructions and education been documented in the patient's record?
- Have patient complaints or accusations against the practice, or inappropriate remarks to providers or staff, been documented? These issues should be objectively noted in the record; use quotation marks where relevant to preserve the patient's actual statements.
- Does documentation objectively note that the provider and staff have attempted to resolve the problems or address the issues?
- Has the provider consistently documented treatment recommendations and warnings to the patient about possible negative effects of noncompliance? (Note: Noncompliance should be documented at the time it occurs, not when the patient sustains an injury.)

If the record provides no support for the decision to terminate the relationship, then the provider might be wise to continue treating the patient, at least until such time as the documentation supports the decision.

Timing

Timing of the termination might be critical in the defense of any allegation of patient abandonment. Abandonment is generally when a healthcare provider terminates the provider–patient relationship without reasonable notice or in a manner that denies a patient necessary medical care. As such, terminating the relationship at a critical juncture in patient care is not recommended.

Also, if the provider is the sole practitioner of a certain specialty in an area or is practicing in a rural area, it may take longer to ensure a patient has appropriate care, which may result in a longer notice period prior to terminating the relationship.

Payment Issues

Termination of a provider–patient relationship can be problematic if the reason for discharge is nonpayment of bills. Before taking this step, the provider should first verify whether a contract (e.g., MCO, HMO, or PPO) obligates the continued provision of care.

If the patient is not undergoing active treatment, the provider may advise the patient, either by phone or letter, that a payment plan must be established and followed — or the patient will be discharged from the practice.

The patient should be given adequate time to respond; however, if no response is forthcoming, a termination letter can be sent. If the nonpaying patient is in the midst of active treatment, such as a course of chemotherapy or dental work, the provider should seek legal advice before sending any notice of termination.

Behavior Contracts

In some instances, even though a patient or family might be problematic, the provider may not be ready to terminate the relationship. In these cases, the provider might want to consider using a behavior contract with the patient or family.

A behavior contract can help preserve the provider–patient relationship, or — if the behavior contract is not followed — it can support the decision to terminate the relationship. For more information, please see Medical Protective’s guideline on behavior contracts (log in with your username and password at www.medpro.com).

THE PROCESS

Healthcare practices should develop formal processes for termination of the provider–patient relationship to avoid allegations of patient abandonment. Part of the process should include careful consideration of the termination and review of the patient’s record prior to discharge actions.

Contractual and Legal Obligations

Healthcare providers should review managed care contracts or other procedural documents prior to withdrawing from a patient’s care. Managed care organizations (MCOs) may require compliance with additional steps before a provider can unilaterally discharge a patient from his or her care.

For example, the MCO may require warning letters or an extended waiting period to ensure that the patient has adequate time to select another provider from the MCO panel. Often, the MCO will seek to refer the patient to another provider within its network.

Additionally, some state health programs may have special grievance procedures that healthcare providers must follow. Each practice should research contractual and legal requirements before finalizing their discharge policies.

Notification

Once a decision has been made to discharge a patient from the practice, the practice will need to notify the patient of the termination in writing.

Drafting the Notification Letter

The notification letter should be professional and nonconfrontational, and it should set a tone that aims to maintain the best possible relationship with the patient. The tone should focus on the long-term benefit for the patient.

Generally, the provider is under no obligation to provide a reason for withdrawing from the patient's care. Some providers may wish to do so, but the statement should be brief. It should not be argumentative or punitive in tone.

The letter should clearly state the date upon which the termination will become effective, and it should commit the provider to helping the patient through the transition period by offering to provide emergency care *only* for a specified time, e.g., 30 days. In most instances, this allows the patient sufficient time to obtain the services of another provider.

However, because state requirements and patient needs differ, your local professional society may be able to offer guidance as to how long it might take a patient to transition to another provider's care. During the transition period, the patient will remain the responsibility of the original treating provider.

Whenever possible, include resources in the notification letter that the patient can use to access another provider. Local hospitals, medical/dental societies, or public health services may provide the names of practitioners who are accepting new patients. The patient's insurance panel may also provide names of available practitioners. Generally, it is not a good idea to refer the patient directly to another provider.

The notification letter also should describe the process for transferring or forwarding records, and it should include a record release authorization form. The patient should be informed that, once a written authorization is received, copies of medical/dental records will be forwarded to the new provider.

Some organizations charge a reasonable fee for copying records. If your practice plans to impose a fee, review federal and state regulations first. HIPAA and most state laws limit the amount that can be charged for duplication and searching services. Further, HIPAA prohibits charging patients for handling fees, chart-pulling fees, or per-page fees in excess of the direct cost of materials.

Because the circumstances for provision of record copies may vary, the provider should evaluate whether a charge makes sense relative to the patient. If the provider intends to charge for copying records, he or she should clearly state this information in the notification letter. See Appendix A for a sample notification of termination letter.

Sending the Notification Letter

Once the notification letter is finalized, send it to the patient via certified mail, with return receipt requested. Because some patients may refuse to accept delivery of a certified letter, the provider may also want to send a copy of the letter via standard mail at the same time.

Or, the provider may elect to send the certified letter first and wait to see whether the patient accepts it. If he or she does not, the provider can follow up by sending the

letter through standard mail. However, this will delay the effective date of the termination, and the letter should be modified to reflect the new termination date.

Documenting the Notification

Regardless of how the letter is sent, a copy of it should be retained in the patient's file. The return receipt, when obtained, also should be maintained in the file. If the post office returns the letter because it is undeliverable or because the patient fails to pick it up, file the unopened letter in the patient's record.

Other Considerations

Other factors to consider when developing a policy for termination of the provider–patient relationship include the following:

- Staff should be trained to place discharged patients' names on a “no schedule” list so that the patient is not inadvertently readmitted to the practice.¹
- On occasion, a patient may announce that he or she is terminating the relationship with the provider due to dissatisfaction. In these circumstances, it is recommended that the provider confirm the dissolution with a follow-up letter (see Appendix B for a sample letter).
- For large group or multisite practices, consider having administrative oversight of termination procedures that includes review of the following circumstances:
 - Does the termination apply to only one provider? Was this a personality conflict, and could the patient be successful with another provider?
 - Does the termination apply to only one location? Does the patient have problematic behavior at one location but can be treated successfully at other locations?
 - Was the issue egregious enough that the termination is for the entire practice (i.e., all providers at all locations)?

CONCLUSION

Healthcare providers have the right to terminate a relationship with a patient as long as they do not violate state or federal laws. A provider may choose to discharge a patient for a variety of reasons, such as noncompliance with treatment regimens or appointments, refusal to obtain needed screening or treatment, or inappropriate behavior.

¹ Note: A “no-schedule” provision should not take precedence over obligations related to hospital bylaws, on-call care, or state or federal regulations (such as EMTALA), in which care of the patient would be appropriate and required.

To avoid allegations of abandonment, healthcare professionals should ensure that their practices have formal, well-developed processes in place for termination of provider–patient relationships. These processes should establish a framework for reviewing the patient’s record, documenting essential information, and notifying the patient of the termination.

Further, because the circumstances with each patient will differ, providers should carefully consider their approach and actions relative to the situation.

RESOURCES

- American College of Physicians: Dismissing Patients Always a Last Resort — <http://www.acpinternist.org/archives/2013/09/dismiss.htm>
- Dental Tribune: How Do You Terminate the Dentist–Patient Relationship? — http://www.dental-tribune.com/articles/specialities/practice_management/3752_how_do_you_terminate_the_dentist-patient_relationship.html
- Medical Economics: Firing a Patient: When It's Needed and How Physicians Can Handle It Correctly — <http://medicaleconomics.modernmedicine.com/medical-economics/news/firing-patient-when-its-needed-and-how-physicians-can-handle-it-correctly>
- The Curious Dentist: How to Fire a Patient — <http://thecuriousdentist.com/how-to-fire-a-patient/>

APPENDIX A. SAMPLE TERMINATION LETTER (PROVIDER INITIATED)

<Practice/Organization Name>

<Address 1 >

<Address 2 >

<City, State ZIP>

<Date>

<Patient Name>

<Address 1 >

<Address 2 >

<City, State ZIP>

Dear <Patient Name>:

As discussed during your most recent office visit, you require continuing [therapy/treatment/medication] for the treatment of [condition]. Our records indicate that you have missed [#] appointments. Despite several attempts to schedule your appointments at a time convenient for you, you have been unable to keep the appointments or to reschedule.

Therefore, I find it necessary to withdraw as your provider effective [time/date]. Prior to that time, I will be available to provide you with emergency care *only*; however, in no case will I be available to treat you after [time/date].

I recommend that you find a new healthcare provider as soon as possible. You may want to contact your health insurance company for a list of available providers. Or, you may wish to contact the local county medical society at [phone number] or [name of local hospital] provider referral service for their help in finding a new provider. If you have a medical emergency, please dial 911 or go to the nearest emergency department.

I will send a copy of your patient care records to your new provider upon receipt of your written consent. Please complete the enclosed record release authorization form and return it to me in the enclosed self-addressed stamped envelope.

Your health and well-being are very important. I encourage you to act quickly to find a new provider and receive follow-up care for your [condition].

Sincerely,

<Name>

<Title>

APPENDIX B. SAMPLE TERMINATION LETTER (PATIENT INITIATED)

<Practice/Organization Name>

<Address 1 >

<Address 2 >

<City, State ZIP>

<Date>

<Patient Name>

<Address 1 >

<Address 2 >

<City, State ZIP>

Dear <Patient Name>:

In our last communication on [date], you indicated that you had terminated your relationship with our office and had already established yourself with another provider.

We wish to make our records of your care available to your new provider. Upon receipt of your written consent, we will send a copy of your patient care records to your new provider. Please complete the enclosed records release authorization form and return it to our office in the enclosed self-addressed stamped envelope.

We wish you the best of health in the future.

Sincerely,

<Name>

<Title>

