



## TERMINATING THE DOCTOR/PATIENT RELATIONSHIP

- A. In all cases: (*extreme cases of zero tolerance would merit immediate termination i.e., physical threat to the physician or staff or sexually harassing physician or staff*)
1. Review the medical record, look for medical conditions which might require additional treatment or monitoring.
  2. Notify the patient of the termination.
    - a. Verbally (In person) with a chart entry similar to the sample letter language. And/Or,
    - b. By letter sent return receipt. (If the patient refuses the letter, keep the notice in your file and attempt to contact by phone. Also, send a non-return receipt letter, keeping a copy.
  3. Allow a reasonable period of time for the patient to obtain another physician if required, 15 to 30 days (*again, zero tolerance actions merit immediate termination, no further contact or visits*). Call the Risk Manager if you are unsure how much time to allow.
    - a. The termination is effective immediately; access to care while the patient is seeking care from another provider is not the same as continuing all of your duties to the patient.
    - b. Indicate willingness to be available (*not in the zero tolerance cases*), for the treatment of urgent (or named) conditions during the reasonable time period established for the patient to seek another provider
  4. Indicate that upon written authorization/request you will send copies of the medical records to the new physician.



B. You may, if desired:

1. **Not**, suggest other physicians based upon specialty required and geographical location to the patient. You would not want to use language which appears to recommend, warrantee, or refer the patient to this new physician. The patient's choice of a new physician should be based upon the patient's own evaluation and comfort level with the new physician, not purely by relying on your recommendation. If the subsequent physician commits malpractice, you may find yourself sued for negligent referral.
2. It is best to refer the patient to the local medical society (i.e. Los Angeles County Medical Association) or a physician *referral* source in the community rather than giving the patient a list of names of other providers. The medical society has immunity from liability for their referral panels- you do not.

C. SPECIAL CIRCUMSTANCES (See sample letter contents)

1. If the patient has refused recommended therapies, please use the additional paragraph to advise the patient that, *in your opinion*, failure to consider the recommended treatment can be detrimental to their health.
2. If the patient denies illness or is non-compliant, warn them that their medical condition requires monitoring and cannot go unsupervised.
3. The above two comments, taken with the patient's underlying health considerations and the amount of time a reasonable person would require to obtain another physician, determines the specified period of time you need to cover the patient for additional care. In general, the more specialized the care required or more rural the practice, the longer time should be given to allow the patient an opportunity to seek another physician.
4. If the patient is part of a prepaid plan - contact the insurer prior to termination.

- D. Where the relationship is being terminated on an adversarial note with the patient complaining about the quality of services/care rendered, contact your Risk Management Specialist.