Approved By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Marcus Daly Memorial Hospital**

**Terminating a Provider-Patient Relationship**

**Policy:**

1. MDMH strives to maintain a trusting provider-patient relationship with its patients. When a provider-patient relationship is no longer a trusting relationship, it is imperative that the patient is able to develop a trusting relationship with another provider to continue care and treatment; therefore, it is the policy of MDMH to terminate the provider-patient relationship within the bounds of applicable federal and state laws, rules and regulations and the guidelines of the American Medical Association.
2. Termination of the provider-patient relationship may occur for various reasons, including, but not limited to:
	1. Multiple attempts at communication have been unsuccessful.
	2. The patient repeatedly refuses necessary screening and /or now compliance for treatment.
	3. The patient is rude, belligerent or abusive (verbal, physical) to providers and/or staff.
	4. The patient and provider are simply too different to be able to work as a team.

**Definitions:**

Abandonment: When a healthcare provider terminates the provider-patient relationship without reasonable notice or in a manner that denies the patient necessary medical care.

Behavior Contract: A written contract that can be used to help resolve or manage inappropriate or disruptive behaviors in an effort to preserve the provider-patient relationship. A behavior contract may also be used to support the process of terminating the provider-patient relationship.

**Procedure:**

1. **Supportive Documentation:** When a provider-patient relationship becomes untenable, the provider should review the patient’s record before deciding to discharge the patient.
	1. Verify there is objective and factual documentation that supports the decision to terminate the relationship, such as:
		1. Have patient instructions and education been documented in the patient’s record?
		2. Have patient complaints, accusations, or inappropriate remarks to providers or staff been documented? These issues should be objectively noted, using quotation marks where relevant to preserve the patient’s actual statements.
		3. Does the record reflect provider and staff attempts to resolve the problems or address the issues?
		4. Has the provider consistently documented treatment recommendations and warnings to the patient about possible negative effects of noncompliance? Noncompliance should be documented when it occurs, not when the patient sustains an injury or adverse outcome.
		5. Has the provider attempted a behavior contract and documented the lack of compliance with the contract by the patient?
	2. If the record does not provide support for the decision to terminate the relationship, the provider should consider a behavioral agreement or continue treating the patient until sufficient supporting documentation exists.
	3. If the reason for termination is because the provider and patient have a personality conflict and are unable to work as a team, the provider should consider referring the patient to another MDMH provider prior to terminating.
2. **Considerations** The provider should defer terminating the relationship in certain circumstances to avoid any allegation of patient abandonment. These circumstances are:
	1. At a critical juncture in the patient’s care.
	2. For obstetricians, non-high-risk pregnancies in the 7th month of pregnancy or later, and until after delivery and six-week follow-up postpartum care.
	3. For surgeons, during the immediate postoperative care period.
	4. The provider should use caution when terminating a relationship with a patient who is a member of a protected class as identified by federal and state laws and the Americans with Disabilities Act. The provider should seek legal advice prior to terminating the relationship.
	5. A longer notice period prior to terminating may be indicated if the provider is the sole specialist in a geographic area. This will ensure the patient has sufficient time to arrange appropriate follow-up care with another specialist.
	6. If the patient is <18 when the termination occurred due to the legal guardian(s), the patient’s termination should be considered as being removed once the child reaches adult age.
3. **Level of Termination Relationship**
	1. Physician The physician has autonomy for making the final decision provided considerations as listed above are reasonable. If the patient has violated a pain contract, the physician must terminate all relationship versus maintain partial care with the exception of the pain management.
	2. Clinic For a clinic to terminate the relationship of the patient and any/all immediate family members, all Physicians in the clinic must sign the letter. Notice must be given to the Director of Physician Services for consideration for all MDMH clinic concerns.
	3. All Marcus Daly Memorial Clinics: Any termination letter to a patient for all clinics requires the CEO’s approval and signature on letter. Examples where termination would be appropriate are: severity of violation of the zero tolerance policy, multiple providers terminating relationship, and physician/employee request. See Appendix D for example.
	4. Other: In other area of the hospital (exception ER, CDU, Inpatient) as deemed appropriate such as outpatient services (Lab, Imaging, Rehab). At no time should the patient feel like they are unable to seek emergency care at Marcus Daly Memorial Hospital. See appendix D for example letter.
4. **Letter for notice of termination**
	1. When the review of the record supports the decision to terminate the provider-patient relationship, the provider must notify the patient in writing.
	2. The letter should clearly state the date upon which termination will become effective. The standard length of time until termination is 30 days unless there are extenuating circumstances (see 2.5 above).
	3. Approved letter formatting:
		1. When the decision to terminate is **provider-initiated**, the provider will use the MDMH Provider Initiated Termination Letter (Appendix A).
		2. When the decision to terminate is **patient-initiated**, the provider will use the MDMH Patient Initiated Termination Letter (Appendix B). If the patient disagrees with termination, the patient will be directed to the Director of Quality to submit their disagreement as a complaint.
	4. 30 day notice for the transition of care or longer for 7th month pregnancy
		1. Any letter by-passing 30 day notice or 7 month pregnancy must have the CEO approval prior to sending.
		2. The letter commits the provider to helping the patient through the transition period of a minimum of 30 days by offering emergency care *only* for the specified time frame.
		3. During the transition period, the patient will remain the responsibility of the original treating provider.
		4. The provider is under no obligation to provide a reason for terminating the relationship, but if one is provided, it should be brief, and should not be argumentative or punitive in tone.
		5. The letter should include resources that the patient can use to access another provider, such as hospital and clinic listings or public health services. Do not refer the patient directly to another provider.
		6. The letter will describe the process for transferring or forwarding records, and it should include a record release authorization form. The patient will be informed that once a written authorization is received, copies of records will be forwarded to the new provider at no cost.
	5. Once the notification letter is completed, send it to the patient via certified mail with return receipt requested. Retain a copy of the letter and the return receipt in the patient’s record.
	6. The provider-signed termination letter must be forwarded to HIM for scanning into the patient’s record.
5. **Administrative Actions** After termination of the relationship occurs, additional actions that must be taken include:
	1. Depending on the circumstance, the Clinic Nurse Manager or designee will place an alert in the patient’s record indicating the patient has been discharged from the provider’s service
	2. Staff will be trained to recognize that a provider-patient relationship has been terminated so the patient is not inadvertently scheduled with that provider (“no schedule” provision).
	3. If the patient does not seek ongoing care from another MDMH provider, all prescriptions will be discontinued in the patient’s record by the original treating provider once the termination date is reached.
6. **Unassigned Patients** The “no schedule” provision does not take precedence over obligations related to hospital bylaws, on-call care, or state or federal regulations, such as EMTALA, in which case, care of the patient would be appropriate and required.
	1. **Previous Terminated Relationship:** The provider is responsible for finding another physician to take his/her rotations for unassigned patients that were previously terminated by the provider.
	2. The follow-up care required from the hospital does not re-establish or establish care with the patient. The care being provided is focused care the acute care problem identified from the Emergency or Inpatient visit.
	3. Once the acute care issue has been stabilized, the physician needs to terminate the relationship with a letter unless the provider believes he/she would like to establish care. See appendix C for an example of letter.

**References:** “Terminating a Provider-Patient Relationship,” MedPro Group, September, 2014.

**Appendix A**

**Provider Initated Dismissal Form**



**<Date>**

**<Patient Name>**

**<Address 1>**

**<Address 2>**

**<City, State ZIP>**

Dear **<Patient Name>**:

As discussed during your most recent office visit on **[Date]**, you require continuing **[therapy / treatment / medication]** for the treatment of **[condition]**. Reason such as: 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 **[date-30 days or more depending on considerations from the date of writing letter]**. 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 **[date]**.

I recommend that you find a new healthcare provider as soon as possible. [If applicable: You may want to contact your health insurance company for a list of available providers]. Or, you may wish to contact [name of hospital / name of clinic] provider referral service to assistance 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 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>

Marcus Daly Memorial Hospital

1200 Westwood Drive

Hamilton, MT 59840

(406) 363.2211

www.mdmh.org

**Appendix B**

**Patient Initiated Dismissal Form**



<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 forma and return it in the enclosed self-addressed stamped envelope.

We wish you the best of health in the future.

Sincerely,

<Name>

<Title>

Marcus Daly Memorial Hospital

1200 Westwood Drive

Hamilton, MT 59840

(406) 363.2211

www.mdmh.org

**Appendix C**

**Focused Care for Post-Acute Event**



<Date>

<Patient Name>

<Address 1>

<Address 2>

<City, State ZIP>

Dear <Patient Name>:

As discussed in our first appointment on **[Date]**, I informed you my relationship with you is solely based on the follow-up focused care of **[condition]** from your recent **ER/Inpatient Visit of [Date].** As discussed with you on **[date]** the acute management of your condition needs to be continued with a primary care provider who can manage all your healthcare issues.

Therefore, I find it necessary to withdraw as your provider effective **[date-30 days or more depending on considerations from the date of writing letter]**. 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 **[date]**.

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 forma and return it in the enclosed self-addressed stamped envelope.

We wish you the best of health in the future.

Sincerely,

<Name>

<Title>

Marcus Daly Memorial Hospital

1200 Westwood Drive

Hamilton, MT 59840

(406) 363.2211

www.mdmh.org

**Appendix D**

**Notice of Trespass**



<Date>

<Patient Name>

<Address 1>

<Address 2>

<City, State ZIP>

Dear <Patient Name>:

I would like to follow up with you on the events which transpired on      . First and foremost, let me express Marcus Daly Memorial Hospital’s commitment to creating a patient and family centered environment for all of those seeking our assistance. Unfortunately, the behaviors       displayed on the date in question created a situation which caused us to have no choice but to ask for       to leave the premises.

Our first priority is to creating a safe environment. This extends to our patients, visitors and staff. Our expectation is that everyone who is on our campus adheres to a standard of civility and respect which promotes healing. **Reason:** The use of loud profanity, physical threats or physical contact are in direct opposition of a safe environment and will not be tolerated by anyone. As such, we have determined that       has demonstrated behaviors which create an unsafe environment and       are unable to return to our facility unless       are seeking emergent treatment for a medical condition. Should       return, we will notify the police and request that the appropriate legal recourse be taken.

This trespass notice will expire      . While we are very sorry that we had no choice but to remove       from the campus, we were forced to do so due to the behaviors exhibited. We maintain our commitment to a safe and therapeutic environment and will continue to deliver anyone in medical need with our high quality, compassionate care.

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 forma and return it in the enclosed self-addressed stamped envelope.

We wish you the best of health in the future.

Sincerely,

<Name>

<Title>

Marcus Daly Memorial Hospital

1200 Westwood Drive

Hamilton, MT 59840

(406) 363.2211

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**Appendix E**

**Patient Dismissal Form**

Name of Patient: DOB:

Date of Dismissal:

Brief Description of reason:

30 day treatment/medication allowance? (Y/N)

Level of dismissal:

Physician Only Clinic All MDMH Clinic Other:

Administration Designee Signature/Date

**ADMINISTRATION SECTION**

 Supportive Documentation Attached

 Letter Written & Signed by appropriate designees

 Copy of signed letter sent to Medical Records for Scanning

 Patient name added to Facility Log and Alert put into Cerner

 Certified letter and records release form sent on

 Contact Information forwarded to legal team for cease and desist

 Certified letter receipt received on

Signature of Completion/Date