

PATIENT SAFETY & RISK SOLUTIONS

GUIDELINE

Terminating a Provider-Patient Relationship



MedPro Group

a Berkshire Hathaway company



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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 various reasons, such as:

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

However, providers should use caution when terminating 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) and the Rehabilitation Act of 1973 — also may apply.



Providers should use caution when terminating from their care patients who are members of a protected class. Federal and state laws prohibit discrimination based on race, religion, color, etc. . .”

Additionally, providers should research whether the states in which they practice have other specific regulations related to discharging patients from care. When confronted with a situation in which federal or state laws might be applicable, providers should consult with an attorney.

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 process that establishes a framework for terminating patients from the practice
- Discuss the essential components of drafting, sending, and documenting notifications of termination
- 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 A PROVIDER–PATIENT RELATIONSHIP

Documentation

When a provider–patient relationship becomes untenable, the provider should review the patient’s health record before deciding to terminate the relationship. Although it is true that healthcare professionals can terminate relationships with patients, it is wise for providers to have objective and factual documentation that supports their decisions. For example:

- Have patient instructions and education been documented in the patient’s health record?
- Have patient complaints or accusations against the practice, or inappropriate remarks to providers and staff, been documented? These issues should be objectively noted in the patient’s health record; use quotation marks where relevant to preserve the patient’s actual statements.
- Does documentation include dates of no-show/cancelled appointments and staff follow-up with the patient?
- 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 nonadherence? (**Note:** Every occurrence of nonadherence should be documented, not just situations in which the patient experiences adverse outcomes.)



Although it is true that healthcare professionals can terminate relationships with patients, it is wise for providers to have objective and factual documentation that supports their decisions.”

If the health record does not support the decision to terminate the relationship, then the provider would 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 a provider–patient relationship without reasonable notice or in a manner that denies a patient necessary medical care. As such, terminating a relationship at a critical juncture in patient care is not recommended.

The provider needs to consider the patient’s clinical status before determining whether to initiate the termination process; this will help facilitate a safe care transition. For example, a mental health professional should determine whether a patient is mentally stable before termination. In an inpatient setting, the provider should consult with the department/division chairperson and/or the facility’s risk manager.



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Another consideration related to timing includes location. If a provider is the sole practitioner of a certain specialty in an area, or if he/she is practicing in a rural area, it might 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 it is nonpayment of bills. Before taking this step, the provider should first verify whether a contract (e.g., managed care organization [MCO], health maintenance organization [HMO], or a preferred provider organization [PPO]) obligates the continued provision of care.

If no contractual obligations are in place, and 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 terminated 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 MedPro Group’s guideline titled [*Using Behavior Contracts to Improve Patient Adherence and Address Behavioral Issues*](#).

THE PROCESS

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

Contractual and Legal Obligations

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



Each practice should research contractual and legal requirements before finalizing its termination policies.”

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 its termination policies.

Notification

Once a provider has made the decision to terminate a patient from the practice, the provider will need to notify the patient in writing about the decision.

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, a local professional society might be able to offer guidance as to how long it could 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 might 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 health records, and it should include a records release authorization form. The patient should be informed that, once a written authorization is received, copies of his/her health records will be forwarded to the new provider.



In no case should a patient be required to pay a fee for copies of his/her health record prior to release. Further, no practice can require a patient to pay on any account balances before releasing his/her health records.”

Some organizations charge a reasonable fee for copying health 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, even if state laws permit it.¹

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

In no case should a patient be required to pay a fee for copies of his/her health record prior to release. Further, no practice can require a patient to pay on any account balances before releasing his/her health records.

For more information, see the U.S. Department of Health and Human Services’ information about [individuals’ right under HIPAA to access their health information](#).

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 should also 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/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 health records. 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 records.

Other Considerations

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

- Staff should be trained to place the names of patients who have been terminated from the practice on a “no schedule” list so that these patients are not inadvertently readmitted to the practice.*
- On occasion, a patient may announce that he/she is terminating the relationship with the provider because of 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, or could the patient be treated successfully at another location?
 - Was the issue egregious enough that the termination is for the entire practice (i.e., for all providers at all locations)?

* **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.

TERMINATING A PROVIDER–PATIENT RELATIONSHIP WITH A MINOR PATIENT

Not only can healthcare providers terminate professional relationships with adults, but providers also might consider dismissing minors (pediatric patients) from the practice. Reasons for such dismissal might include that the minor’s parents are difficult, demanding, nonadherent, or financially irresponsible with respect to payment.

Unless the minor is emancipated (standards for emancipation vary by state), termination of the provider–patient relationship should be preceded by a discussion with the parent(s). Further, the termination letter should be sent to the parent(s).

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 terminate a provider–patient relationship for many reasons, such as nonadherence to treatment regimens or appointments, refusal to obtain needed screening or treatment, or inappropriate behavior.

To avoid allegations of abandonment, healthcare professionals should ensure that their practices have formal, well-developed termination processes in place. These processes should establish a framework for reviewing each patient’s health records, 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 each situation.

RESOURCES

- [American Medical Association: Opinions on Patient–Physician Relationships](#)
- [Dental Economics: Dental Risk Management: The Doctor/Patient Relationship](#)
- [Medical Economics: Firing a Patient: When It’s Needed and How Physicians Can Handle It Correctly](#)
- [Medical Economics: Removing a Patient From Your Practice: A Physician's Legal and Ethical Responsibilities](#)
- [Medical Group Management Association: It’s Not Me, It’s You: Do’s and Don’ts of Firing Patients](#)

ENDNOTES

¹ HIPAA Privacy and Security Rule, 45 C.F.R. § 164.512(c) (4) 2016.

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 <indicate potential issue, such as missed/cancelled appointments, nonadherence, etc.>

Therefore, I need 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 help 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 health records to your new provider upon receipt of your written consent. Please complete the enclosed records 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 health records of your care available to your new provider. Upon receipt of your written consent, we will send a copy of your health 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>



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