PHYSICIAN/PATIENT TERMINATION PROTOCOLS

The patient must be given clear and reasonable notice of the physician’s intent to withdraw as the primary care physician from the case. If at all possible, the physician should review all issues, which precipitate the decision to terminate the relationship with the patient. The patient’s medical record should contain complete documentation of the events and the rationale behind the decision to terminate the relationship. A follow-up letter to the patient sent certified mail with return receipt requested must be done. Regardless of whether the relationship is terminated in person or by letter, there should always be an offer to continue to provide necessary medical attention for the patient for 30 days. The letter can suggest that the patient refer to their managed care organization or respective insurance carrier to obtain the names of physicians who could provide care. If a patient is enrolled in a managed care organization, the managed care organization must also be notified of the termination. The patient must be advised that his/her medical records will be made available to any new physician upon receipt of an Authorization to Release Records.

*Refer to Network Primary Care Physician Office Manual for additional required information.

See Sample Termination Letter
Sample – Letter of Withdrawal from a Case

Dear (PATIENT):

I would like to take this opportunity to formally notify you that I will no longer be your physician because (REASON).

Sample language for reason:

- You have consistently failed to follow my advice and recommendations.
- You have consistently failed to come in for scheduled appointments.
- You have not followed through with arrangements to pay the balance due on your account.
- There are significant philosophical differences in our views of medical care and treatment.

This letter is to advise you that I will no longer be available to provide medical services to you after (FUTURE DATE ALLOWING PATIENT REASONABLE TIME TO FIND ANOTHER PHYSICIAN). I will be available to treat you until (DATE FROM ABOVE), so that you will have access to care while you choose another physician. Our office will forward a copy of your medical record to your new physician upon your written request. I am enclosing an authorization form that you may fill out and sign to tell me where to forward a copy of your record.

I encourage you to select a physician promptly and place yourself under his/her care.

[IF THE PATIENT HAS A MEDICAL CONDITION THAT REQUIRES CONTINUED MEDICAL TREATMENT OR FOLLOW-UP, INCLUDE THE FOLLOWING SENTENCE INSTEAD: It is important for you to continue with treatment because of your current medical condition; therefore, I encourage you to select a physician promptly and place yourself under his/her care.]

If you need assistance in obtaining the names and addresses of local physicians, I suggest that you contact (LOCAL MEDICAL SOCIETY [NAME, ADDRESS, AND TELEPHONE NUMBER] OR LOCAL HOSPITAL REFERRAL SERVICE OR MEMBER SERVICES REPRESENTATIVE).

Very truly yours,

(PHYSICIAN NAME)
Signature