**DISCONTINUING A PATIENT FROM YOUR PRACTICE**

CAP encourages positive patient-physician relationships and open communication. However, certain patients may be uncooperative, refuse to comply with treatment, or are abusive. A physician is not required to continue treatment of these types of patients but must:

a) Indicate the need to select another physician for continuity of care, including the risks of not continuing treatment/care, b) Give reasonable notice before care is discontinued, and information needed to obtain a copy of the medical record.

**PATIENT ABANDONMENT**

An allegation of abandonment may occur when a physician fails to provide necessary medical care to a patient. Once a patient- physician relationship has been established, the physician has an ongoing responsibility (duty) to provide medical care or coverage to that patient until the relationship is formally discontinued.

Caution: A duty to provide care to a patient ***may*** also be created by contractual arrangements and/or emergency room coverage commitments.

**PROCESS TO DISCONTINUE CARE**

It is essential to notify patients of your plans to discontinue care. If possible, discuss your decision with the patient.

Follow the guidelines below, using **certified mail, return – receipt, and regular U.S. mail sent at the same time**, to notify the patient. If the patient refuses the certified letter, file the returned, unopened letter in his medical record. (A sample letter is provided on the back of this page).

* The patient should be given sufficient time (15 to 30 days) to select another physician. Notify the patient you will be available for emergency treatment until a specific date and provide them with prescriptions as needed.
* Indicate the need to select another physician for continuity of care and provide the patient with a physician **referral source**, such as the patient’s health plan, local medical society, or a physician referral service. Please do NOT provide specific physician names.
* Identify the risks of NOT continuing treatment/care.
* While it is not necessary to indicate a reason for discontinuing care in the letter, if you do provide a reason, keep it brief, generic and factual. Reasons such as “failure to follow medical advice,” “drug-seeking behavior,” or “abusive behavior” may be used when the medical record contains supportive documentation. A statement as “due to a breakdown in the patient- doctor relationship” may also be considered.
* Include a medical record release authorization form, (formally titled Authorization for Use and Disclosure of Medical Information). (Form(s) available through CAP website www.CAPphysicians.com).
* **If applicable, review the patient’s health plan/HMO contractual guidelines and ACO guidelines for discontinuing services and transferring care.** This will avoid breach of contractual issues and/or violation of laws governing HMOs. Copy letter to and coordinate care with PCP as appropriate.

The above process should be documented in the medical record, including a copy of the certified and regular U.S. mail letter, all letter receipts, and any discussion(s) with the patient or health plan. Copies of records may not be withheld pending payment of outstanding medical bills. If the patient requests transfer of the medical record, it must be completed within 15 calendar days of the request.

**SPECIAL CONSIDERATIONS:**

Only in rare situations should the physician-patient relationship be discontinued during an acute episode of illness. In those occasional situations, transfer of care should be made physician-to-physician to maintain continuity of care.

*This information is not all-inclusive, nor is it offered as legal advice. If you would like to discuss a specific patient situation with an experienced risk manager, please contact CAP’s Hotline at (800) 252-0555.*

Revised 5/2020

**Sample Letter for Discontinuing Patient Care**

***(Type on physician’s own letterhead)***

(Date)

Dear

Please be advised that I will no longer provide medical care to you effective (MM/DD/YYYY) because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I will remain available until the above date for emergency care only.

Please select another physician within this time frame to continue your care. You may call

(Physician Referral Service/Specialty Organization) for assistance in selecting another physician.

The risks of not continuing your medical care include, but are not limited to, the following:

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I am including a medical record request form that requires your signature and identification of the physician selected. Once my office receives the form, a copy of your records will be transferred within 15 days.

Sincerely,

Physician Name

Enclosure