

Terminating the Physician-Patient Relationship

**Anne M. Menke, R.N., Ph.D.**

OMIC Risk Manager

**PURPOSE OF RISK MANAGEMENT RECOMMENDATIONS**OMIC regularly analyzes its claims experience to determine loss prevention measures that our insured ophthalmologists can take to reduce the likelihood of professional liability lawsuits. OMIC policyholders are not required to implement these risk management recommendations. Rather, physicians should use their professional judgment in determining the applicability of a given recommendation to their particular patients and practice situation. These loss prevention documents may refer to American Academy of Ophthalmology Practice Patterns, peer-reviewed articles, or to federal or state laws and regulations. However, our risk management recommendations do not constitute the standard of care nor do they provide legal advice. If legal advice is desired or needed, an attorney should be consulted. Information contained here is not intended to be a modification of the terms and conditions of the OMIC professional and limited office premises liability insurance policy. Please refer to the OMIC policy for these terms and conditions. **Version 8/22/13**

Ophthalmologists frequently have questions about terminating the physician-patient relationship. Using the sample letters and following the guidelines provided will help minimize the risk of patient harm and of allegations of patient abandonment. Please see the sample letters at the end of the document. OMIC policyholders may call the Risk Management Department for confidential assistance, and fax letters for review. Please also refer to our “Noncompliance Guidelines” at <http://www.omic.com/noncompliance-guidelines-with-sample-missed-appointment-letter/>.

**The physician-patient relationship and allegations of abandonment**

Patient abandonment occurs when a physician fails to provide for necessary medical care to a current patient without adequate justification. In general, once a physician-patient relationship is established, a physician has an ongoing responsibility to the patient until the relationship is terminated. In order to terminate the relationship, the physician must notify the patient sufficiently in advance for the patient to secure the services of another physician. Prior to terminating the relationship:

* Check the provisions of any contract you have signed with the patient’s health plan.
* Resolve acute medical conditions.
* Verify that other sources of care are available in your community.

**Notify the patient that the relationship will be terminated**

* Give the patient written notice. Two sample forms, “Noncompliant Patient” and “Termination,” are included at the end of this document. The “noncompliant” letter gives the patient one last chance to schedule an appointment before termination. The “termination” letter ends the relationship.
* Give the patient sufficient time to locate another physician.
	+ OMIC recommends 30 days minimum notice, dated from receipt of the termination of care letter.
	+ EXCEPTION ON NOTICE PERIOD FOR VIOLENT PATIENTS
	+ Inform the patient that the termination is effective immediately if the patient seems violent. Physicians have both a duty to provide ongoing care and a duty to protect the safety of staff and visitors. If a patient or family member is violent or threatens violence, the safety duty is the more important one. Alert the police and staff, and follow all police instructions. Send the “violent patient” termination letter at the end of this document.
* Inform the patient orally, when possible, and in the letter, about what care is required to treat the patient’s condition, including follow-up care.
	+ State the frequency and urgency of follow-up.
	+ Be sure to include the consequences of not getting the care and follow-up evaluation in clear, patient-friendly language.
		- Providing this information helps to ensure that the patient gets the needed care, and minimizes your risk of allegations of failure to follow-up and failure to obtain informed refusal.
		- You can obtain a sample form to document informed refusal at <http://www.omic.com/refusal-of-recommended-medical-or-surgical-procedureintervention/>.
* You are not required to give a reason for terminating the relationship.
	+ You may want to state that the patient was non-compliant. Examples of noncompliance include: failure to keep appointments, failure to follow medical orders or advice, failure to take prescribed medication, etc. Keep the language neutral and professional, as it will appear in the medical record and be seen by the patient and other physicians.
	+ You may also terminate for failure to pay bills. Prior to doing so, the patient should be given the opportunity to address payment problems and explore payment options with your billing department.
* Inform the patient that, upon receipt of a written authorization, you will provide a copy of the medical records to the new treating physician.
	+ Include an authorization form in the letter to expedite the transfer of care.
	+ Inform the patient if there are any photocopying fees charged for the records. Some states have set limits on what a patient may be charged. Check with your state medical board.
* Send the letter certified, and by regular mail as well, in case the patient is not home or refuses to sign for the certified letter. Add the words “Address Service Requested” on the front of the envelope (either below your return address or above the patient’s address). This signals the Postal Service to forward the letter if needed, and to notify you of the new address. You may either have this printed on your envelopes, or buy a stamp with this wording from a stationary store.
* Place a copy of the letter and the return receipt in the medical record. Place the post office notice that the mail was either undeliverable or not accepted in the record to show that delivery was attempted.

**Providing care during the notice period**

* Continue to treat the patient during the notice period.
	+ Do not schedule or perform elective procedures or surgeries.
	+ Remind the patient of the termination date each time care is provided during the notice period. “Dr. Jones will refill your prescription one last time, but remember that as of October 23, he will no longer provide any care. You will need to obtain future prescriptions and care from your new physician.”
* Once the notice period has ended, do not provide any care.
	+ Inform your staff not to schedule any new appointments for the patient.
	+ Do not provide telephone advice.
	+ Do not write or refill prescriptions.

**What to do when patients terminate the physician-patient relationship**

Patients at times inform their ophthalmologist that they will not be returning for care. In that instance, the physician should send the patient a “Confirmation of Termination” letter (**see sample form at the end of this document**). The purpose of the letter is to formally acknowledge that the patient has ended the therapeutic relationship, and advise the patient of care needed to treat the ophthalmic condition. This letter may be sent via regular mail with “address service requested.”

**Patients seen while on-call to the hospital emergency department (ED)**

Many ophthalmologists provide on-call services to local hospitals, either on a voluntary basis or as a condition of staff privileges. Once a physician has agreed to provide on-call coverage, he/she must comply with state and federal (EMTALA) emergency care and transfer laws. On-call care raises two issues:

* While on-call to the Emergency Department, the physician must see all patients referred to him or her, even if they were terminated from the physician’s practice.
* Second, while federal regulations require a “plan for appropriate follow-up care,” they do not stipulate who must provide the post-discharge services.

Physicians who accept on-call responsibilities need to clarify with the Emergency Department and with the Medical Staff Office whether or not they will provide post-discharge care. If you are not available for post-discharge care:

* Inform the hospital.
	+ Provide written notice to the Medical Staff office and the Emergency Department that you will only provide stabilizing treatment in the hospital.
	+ Encourage the hospital to develop a list of sources of care which may be distributed to patients.
* Provide the necessary stabilizing treatment in the hospital.
* Inform the patient, while still in the emergency department or hospital, that your care is limited to providing stabilizing treatment.
* Follow-up with a letter confirming that the relationship terminated when the patient left the hospital, and that the patient will need to find another source of care.

**OMIC’s Risk Management Department can be an important source of information and support for policyholders engaged in these evaluations and discussions. Please call 1.800.562.6642, option 4 or email us at** **riskmanagement@omic.com****. We are also happy to answer questions about our protocols from non-policyholders.**

This sample letter is provided as a guideline only and should be modified according to the situation. Send the letter via regular mail, and add the words “Address service requested” on the front of the envelope either below your address or above the patient’s address. **Be sure to place a copy of the letter in the patient’s chart.** To have OMIC review your letter, please fax it to 415-771-1810 or email it to riskmanagement@omic.com.

# **Sample Letter: Noncompliant Patient (gives the patient one last chance)**

(Date)

Dear (Patient):

You have canceled/not shown up for your follow-up appointment on (date) without rescheduling. We have tried to reschedule your appointment. To date, you have not responded to our efforts. It is our understanding that you may have terminated your care with our office.

Continued care is essential to the health of your eyes. You have an eye condition which will worsen without proper care **(If the patient has a condition that requires specific care, state the care AND the consequences of no care in clear, patient-friendly language. If the patient has a condition that needs regular follow-up, state the frequency and urgency of the follow-up, AND state the consequences of not getting the follow-up at the recommended time in clear, patient-friendly language.)** Permanent damage may occur, resulting in visual loss or blindness. Kindly realize this letter is not meant to alarm you. We only wish to inform you of the seriousness of your condition, and encourage you to seek proper care.

If we have not heard from you within three weeks, we will assume that you have transferred your care to another physician and have terminated your relationship with this office. We will transfer a copy of your medical records to your new physician upon receipt of a signed authorization to do so. An authorization form is enclosed for your convenience.

With best regards,

(Physician’s Signature & Name)

This sample letter is provided as a guideline only and should be modified according to the situation. Send the letter certified AND through the regular mail with the words “Address service requested” on the front of the envelope either below your address or above the patient’s address. **Be sure to place a copy of the letter and the certified mail receipt in the patient’s chart.** Place the post office notice that the mail was either undeliverable or not accepted in the record to show that delivery was attempted. To have OMIC review your letter, please fax it to 415-771-1810 or email it to riskmanagement@omic.com.

# **Sample Letter: Termination of Care**

CERTIFIED AND REGULAR MAIL

(date)

Dear (Patient):

After careful consideration, I feel it would be in your best medical interest to seek the services of another ophthalmologist. I have decided to discontinue as your ophthalmologist effective 30 days from the date you receive this letter for the following reason(s): **(Indicating the specific reason(s) for termination is optional although if it involves your medical treatment, such as failure to take prescription medication, you may wish to do so.)**

I strongly urge you to make arrangements for the services of another ophthalmologist as soon as possible to maintain the continuity of your care. If you need a referral, you might contact your health plan, the local ophthalmological society (give number) or the (state or county) medical association (give number). My office will transfer a copy of your records to your new physician if you so desire. A copy of the authorization form is included.

If you should have a medical eye emergency before you have been able to secure the services of another physician, I will be able to provide such emergency care for 30 days from the date you receive this letter.

In closing, I wish to remind you of the importance of seeking regular eye care and maintaining the continuity of services by another qualified ophthalmologist. **(If the patient has a condition that requires specific care, state the care AND the consequences of no care in clear, patient-friendly language. If the patient has a condition that needs regular follow-up, state the frequency and urgency of the follow-up, AND state the consequences of not getting the follow-up at the recommended time in clear, patient-friendly language.)**

I appreciate your understanding and assistance in this matter and assure you we will do all we can to facilitate a smooth transition in your care.

Sincerely,

This sample letter is provided as a guideline only and should be modified according to the situation. Send the letter certified AND through the regular mail with the words “Address service requested” on the front of the envelope either below your address or above the patient’s address. **Be sure to place a copy of the letter and the certified receipt in the patient’s chart.** Place the post office notice that the mail was either undeliverable or not accepted in the record to show that delivery was attempted. To have OMIC review your letter, please fax it to 415-771-1810 or email it to riskmanagement@omic.com.

# **Sample Letter: Termination of Care for a Violent Patient**

CERTIFIED AND REGULAR MAIL

(date)

Dear (Patient):

After careful consideration, I feel it would be in your best medical interest to seek the services of another ophthalmologist. Given the recent events which took place, I have decided to discontinue as your ophthalmologist effective ***today*** for the following reason(s): **(Indicating the specific reason(s) for termination is optional.)**

I strongly urge you to make arrangements for the services of another ophthalmologist as soon as possible to maintain the continuity of your care. If you need a referral, you might contact your health plan, the local ophthalmological society (give number) or the (state or county) medical association (give number). My office will transfer a copy of your records to your new physician if you so desire. A copy of the authorization form is included.

In closing, I wish to remind you of the importance of seeking regular eye care and maintaining the continuity of services by another qualified ophthalmologist. **(If the patient has a condition that requires specific care, state the care AND the consequences of no care in clear, patient-friendly language. If the patient has a condition that needs regular follow-up, state the frequency and urgency of the follow-up, AND state the consequences of not getting the follow-up at the recommended time in clear, patient-friendly language.)**

I appreciate your understanding and assistance in this matter and assure you we will do all we can to facilitate a smooth transition in your care.

Sincerely,

(Physician’s Signature & Name)

This sample letter is provided as a guideline only and should be modified according to the situation. Send the letter via regular mail, and add the words “Address service requested” on the front of the envelope either below your address or above the patient’s address. **Be sure to place a copy of the letter in the patient’s chart.** To have OMIC review your letter, please fax it to 415-771-1810 or email it to riskmanagement@omic.com.

**Sample Letter: Patient Has Terminated Relationship**

(Date)

Dear (Patient):

You have informed our office on (date) (by phone/letter/during your office visit) that you no longer wish to receive care from us.

Continued care is essential to the health of your eyes. You have an eye condition which will worsen without proper care **(If the patient has a condition that requires specific care, state the care AND the consequences of no care in clear, patient-friendly language. If the patient has a condition that needs regular follow-up, state the frequency and urgency of the follow-up, AND state the consequences of not getting the follow-up at the recommended time in clear, patient-friendly language.)** Permanent damage may occur, resulting in visual loss or blindness. Kindly realize this letter is not meant to alarm you. We only wish to inform you of the seriousness of your condition, which we explained during office visits, and encourage you to seek proper care.

We will transfer a copy of your medical records to your new physician upon receipt of a signed authorization to do so. An authorization form is enclosed for your convenience.

With best regards,

(Physician’s Signature & Name)