

Quick Check: PATIENT DISMISSAL PROCESS



Completing this checklist can help you improve your process for dismissing patients from your practice. For any “No” response, consider reviewing and updating your process.

	Yes	No	Notes
Practice Policies and Procedures			
1. The practice has an established written plan, consistently followed by staff, for dismissing patients who do not comply with payment, appointment, or behavioral expectations.			
2. Prior to dismissing a patient, the practice evaluates the relationship to determine if it can be repaired, and the patient is dismissed only when no other options are identified. Steps that may be taken include: (1) discussing the problem behavior with the patient, (2) defining expected behavior and office policies, and (3) notifying the patient that any further issues will result in a final warning, followed by dismissal from the practice if the behavior continues.			
3. The practice is aware that patient dismissals are prohibited in certain situations. Examples include consideration of the patient’s HIV status, protected class status, and disability.			
4. The practice communicates with prepaid health plans prior to dismissing patients.			
5. For practices providing obstetrical care, the practice uses caution in situations involving dismissal of pregnant patients: <ul style="list-style-type: none"> • First trimester—Only if the pregnancy is uncomplicated and time permits finding another practitioner. • Second trimester—Only for uncomplicated pregnancies and only if the patient transfers to another practitioner prior to cessation of services. • Third trimester—Only under extreme circumstances, such as practitioner illness. 			
6. All potential dismissals are reviewed by the healthcare practitioner and practice leadership, and the final decision is made by the practitioner.			
7. Documentation in the patient record supports reasons leading to the dismissal. Some reasons for dismissal may include treatment nonadherence, follow-up noncompliance, office policy nonadherence, verbal abuse or violence, display of firearms or weapons, inappropriate or criminal conduct, and/or nonpayment.			
8. To prevent potential allegations of abandonment, the practice does not dismiss patients who are in an acute phase of care. The dismissal process proceeds only when the patient is clinically stable.			
9. The patient receives adequate time to find another practitioner, taking into consideration geographic location, access to care, and availability of another practitioner in the same clinical specialty.			
Written Notice of Dismissal			
10. Any notice of dismissal given to the patient verbally is immediately followed by a formal written notification sent by U.S. mail.			
11. The practice provides written notification of dismissal, sending two letters to the patient’s last known address: <ul style="list-style-type: none"> • One copy by certified mail. • A second copy by standard, first-class mail. 			

	Yes	No	Notes
Written Notice of Dismissal <i>(continued)</i>			
12. If the patient terminates the relationship, the practice acknowledges the dismissal by mailing a written notice to the patient, effective the date that the patient provided the notification.			
13. The dismissal letter includes the following elements:* <ul style="list-style-type: none"> • The dismissal applies to the entire practice (not just a single practitioner). • The effective date. Generally, 30 days is adequate notice (check your state regulations), but exceptions apply if the patient: <ul style="list-style-type: none"> – Ends the relationship. – Exhibits threatening behavior. – Participates in drug diversion, theft, or criminal behavior within the practice. – Exhibits inappropriate behavior or sexual misconduct. • Instructions for interim emergency care. • Instructions for accessing patient records (including a HIPAA-compliant records release form). • Any recommended follow-up. • Referral suggestions for obtaining the names of other practitioners for continuity of care, such as the patient’s own insurance plan, professional societies, or local referral services. • Transition of care (the practice’s willingness to coordinate care with the future practitioner). • Medication refills, as needed, up to the effective date of the dismissal. *Note that including the reason for the dismissal is optional.			
14. Dismissal letters are filed in the patient record and include the original certified mail receipt (proof that the letter was sent), as well as the original certified mail return receipt (signed or, if refused, unsigned) from the U.S. Postal Service.			

The Doctors Company Resources

- Article: “Terminating Patient Relationships” at thedoctors.com/terminatingrelationships
- Guide: *Effective Patient Communication: Strategies for Challenging Situations* at thedoctors.com/patientcommunicationguide
- Quick Check: *Dissatisfied Patient Management* at thedoctors.com/quickcheckdissatisfiedpatients
- Education: *Risk Management Fundamentals for the Practice Manager* at thedoctors.com/practicemanager

For additional guidance, contact the Department of Patient Safety and Risk Management at **800.421.2368** or by email at patientsafety@thedoctors.com. Sample dismissal letters are available to members of The Doctors Company on request.