RISK SOLUTIONS RESOURCES

# Georgia Handbook: Patient Termination

## WHEN IS IT APPROPRIATE TO TERMINATE THE PHYSICIAN-PATIENT RELATIONSHIP?

Once the physician-patient relationship has begun, the physician has an obligation to continue seeing the patient
for as long as treatment is necessary. However, there may be instances in which it becomes non-beneficial for either
or both of the parties to continue the relationship. Some common and acceptable reasons for a physician to discharge
a patient from the practice are:

- non-compliance with the recommended treatment plan (for example, the patient does not keep appointments, does
  not take prescribed medication regularly, or does not change behaviors that are detrimental to his or her
  condition),
- abusive or threatening behavior toward physicians or staff members, and
- continual bad debt or refusal to pay medical bills.

It is **not** acceptable to discharge a patient solely because of his or her race, gender, sexual orientation, religion, physical or mental disability, or HIV-positive status.

## WHAT IS THE PROPER PROCEDURE FOR TERMINATING A PATIENT?

Once the physician decides to terminate the relationship, it is important to do so in a way that gives the patient
fair warning and could in no way be considered patient abandonment.

The relationship should be terminated by letter. *Refer to the Sample Forms section for examples of termination
letters.*

*We do not recommend terminating a patient from one physician and allowing him or her to continue seeing other
physicians in the practice because there is always a chance that the patient will have to see the original
physician in on-call or emergency situations.*

- The letter should be signed by all physicians in the practice who have seen that patient or by the president of
  the group in the name of the entire group.
- The letter should be sent by regular mail and by certified mail, addressee only, with return receipt requested.
- The return receipt should be retained permanently in the medical record with a copy of the letter.
- If certified mail delivery is unclaimed and the letter is returned, file it unopened in the patient's record **or** scan the envelope and the postal receipt into the EMR and make an entry into the patient's

record indicating that the unopened letter was returned. **Note:** a **refusal** to accept certified mail is treated under Georgia law as receipt as long as confirmation of the refusal is retained.

- Establish a policy and procedure for flagging terminated patients in your scheduling system. Ensure that all
  staff members are aware of terminations to avoid making new appointments.

The termination letter should state that:

- the practice will provide medical care for **emergencies only** for no less than 30 days,
- a copy of the record will be provided to the patient or sent to the physician of the patient's choice with
  proper authorization, and
- the practice will provide resources to assist the patient in finding alternative care.

Examples of resource assistance for the patient include:

- the phone number or web address of the local medical society,
- contact information for a physician locator service in the local area, or
- the medical staff directory for the local hospital for other physicians in your specialty.

## BY LIMITING CARE TO EMERGENCIES ONLY DURING THE 30-DAY NOTICE PERIOD, ARE WE AT RISK FOR CHARGES OF PATIENT ABANDONMENT?

According to the American Medical Association:

> Abandonment is defined as the termination of a professional relationship between physician and patient at an
> unreasonable time and without giving the patient the chance to find an equally qualified replacement. To prove
> abandonment, the patient must show more than a simple termination of a patient-physician relationship. The
> plaintiff must prove that the physician ended the relationship at a critical stage of the patient's treatment
> without good reason or sufficient notice to allow the patient to find another physician, and the patient was
> injured as a result. Usually, expert evidence is required to establish whether termination in fact happened at a
> critical stage of treatment.

Georgia law has adopted the AMA's "critical stage" concept for purposes of patient abandonment. If you follow our
advice on continuity of care and patient safety throughout the termination process, the risk of a charge of patient
abandonment is limited. We advise the following:

1. The physician—**not** the business office—must make the decision to terminate.
2. Do not terminate a patient in the middle of an active episode of care. The patient should be seen until the care
   is concluded or until the patient is in a maintenance mode of care. Curi supports a "finish what you start"
   approach. It is the responsibility of the physician to determine if an *acute* medical need for follow-up
   exists. If not, the practice may proceed with termination.
3. If the patient has a scheduled appointment when the physician decides to terminate, a clinical decision needs to
   be made.

1. If the appointment is for an active problem, then it should not be canceled, and the patient should be seen as planned. After the appointment, determine if the patient meets the criteria outlined above. If so, the termination process may begin. If the patient is seen and a new active problem is identified, we advise that the same principle apply—“finish what you start” and then terminate.
2. If the appointment is for a known routine or maintenance reason (for example, a physical exam) the practice, under the direction of the physician, may cancel this appointment and proceed with terminating the patient. However, you should keep a copy of the documentation of your follow up with the patient.

4. A physician should **never** terminate a patient if there is an outstanding diagnostic study (laboratory or radiology).
5. When there is a decision to terminate a patient who is not in an active episode of care but does have maintenance care in the form of medications, the patient should be provided with a 30-day supply (for example, a prescription) of the appropriate medications. Exception: We do not recommend providing a long-term supply of narcotic medications.
6. In all cases (with the exception of violence when a practice believes staff safety may be in jeopardy) we recommend that you offer a 30-day transition period, in the form of emergency care only, to provide time to locate another physician and to ensure continuity of care. Inform patients that the physician will see them during those 30 days if treatment is essential to their life and health and failure to provide treatment may cause serious harm.
7. Providing emergency care only assists the practice in following the guideline of not terminating during an active episode of care. If care is not limited to “emergency only,” the patient could receive a termination letter and then decide to schedule an appointment during the 30-day period for a new condition. In this case, the practice could be faced with a greater risk of abandonment if the physician stops seeing the patient at the “30-day” mark in the midst of the new, active treatment.
8. Finally, consider providing resources to assist patients in locating alternative care.

## WHAT EVENTS RE-ESTABLISH THE PHYSICIAN-PATIENT RELATIONSHIP AFTER IT HAS BEEN TERMINATED?

Once a physician has formally terminated his or her relationship with a patient, he or she may re-establish the relationship simply by agreeing to see the patient again. Even if the physician did not intend to re-establish the relationship, it will be re-established if the physician sees the patient again after the 30-day period has expired.

Additionally, if an office staff member makes a new appointment for a terminated patient, this could be perceived as a re-establishment of care.

In **Georgia**, if an on-call physician sees a previously terminated patient in the emergency department, the

relationship is re-established. If the physician does not wish to permanently renew the relationship, the
termination process must be completed again.

Note that contact with a patient on a social networking site (e.g., Facebook) can be seen as the re-establishment
of the physician-patient relationship after it had otherwise been terminated.

## ARE THERE ANY SPECIAL CONSIDERATIONS WHEN TERMINATING A PATIENT DUE TO NON-COMPLIANCE WITH TREATMENT AND/OR FINANCIAL POLICIES?

When patients are non-compliant with treatment recommendations or with your practice's financial policies,
termination is an acceptable course of action.

**Non-compliant patients**
Patients who do not respond to your repeated requests for follow-up care can be a liability to your practice. We
recommend that you terminate the relationship by sending a termination letter. If the situation warrants, indicate
in the letter that the patient requires follow-up care for a serious medical condition that has the potential to be
life-threatening if not treated in a timely manner. Take extreme care not to "abandon" the patient without providing
resources for continuing care.

**Patients with outstanding debt**
If you do not want to continue to see patients who owe money or have been sent to collections, you must formally
terminate them by sending a termination letter. You **must** continue to see patients who owe you money if you
have not formally terminated them from your practice. Refusing to see patients who owe money but have not been
formally terminated puts you at risk for charges of patient abandonment.

If the situation warrants, indicate in the termination letter that the patient requires follow-up care for a
serious medical condition that has the potential to be life-threatening if not treated in a timely manner. It may be
prudent to see patients through their final episode of care before sending the termination letter. This minimizes
your risk for a patient abandonment claim. However, after the episode of care has been completed (e.g., the patient
has completed his or her follow-up visits after surgery), the best action is to then formally terminate the patient.

## HOW SHOULD WE HANDLE SITUATIONS IN WHICH PATIENTS TERMINATE THE RELATIONSHIP?

Like physicians, patients have the option of terminating their relationships with physicians. It may not always be
clear, however, whether this is what the patient intends. Patients may indicate their desire to terminate the
physician-patient relationship by establishing a relationship with another physician in the same specialty or by
stating an intention not to return to the practice or to seek care from another source.

In either event, once the physician or practice has reason to believe that the patient does not intend to return
for care, it is wise to put this assumption in writing to the patient to ensure that all parties have the

same
understanding (especially if you do not wish to see the patient again). The letter for this purpose will be similar
to the letter in which the physician terminates the patient. It should include:

- a statement of the physician's understanding that the patient wishes to terminate the relationship,
- an offer to send a copy of the patient's record to the patient's new physician,
- an offer to help the patient find another source of care, if necessary (or a statement to the effect that "I
  understand that you are now receiving care from Dr. _____"), and
- if the patient has a high-risk condition or is in the midst of treatment, a description of the treatment the
  patient needs and the timeframe in which he or she needs to receive it.

This letter, too, should be sent by regular mail and certified mail, addressee only, return receipt requested.

## IS IT ACCEPTABLE TO TERMINATE A PATIENT IF SHE IS PREGNANT OR HAS A SERIOUS ILLNESS SUCH AS CANCER?

**Pregnancy**
If the patient is in her third trimester, we generally recommend that you continue to see her. We are not suggesting
that this is mandatory; however, if a woman in her third trimester has a bad outcome that was related to withdrawal
of care, a jury probably would not look favorably upon termination of the relationship.

If you dismiss a patient during the first or second trimester, here are some risk management recommendations:

- If the patient's pregnancy is "high risk," it may be a good idea to try to assist her in setting up care with
  another physician.
- Make sure that a copy of her records is transferred appropriately (obtain proper patient authorization to
  release records before sending).
- Obtain patient authorization to discuss her pregnancy with the new accepting physician.
- Document any conversations with the other physician in the patient's medical record.

**Serious Illness**
It is possible to terminate a patient who has a serious disease such as cancer. However, you must be **very** careful in this situation to avoid charges of patient abandonment.

You must assist the patient in obtaining a new physician and stress the importance of continuing to seek care. You
must also establish a good stopping point in the treatment when it will be safe to move the patient's care to
another physician.

For example, many prostate cancer patients receive injections every one to three months. If it becomes necessary to
terminate this type of patient, you may wish to do so immediately after an injection. That will give the patient the
necessary time to secure a new physician.

The termination letter sent to this type of patient must be very clear. It should describe the patient's condition
in detail and stress the need for continuing care. It also should describe the specific risks of not following up
with another physician.

## ARE THERE ANY LAWS OR REGULATIONS THAT PROHIBIT OUR PRACTICE FROM TERMINATING A WORKER'S COMPENSATION PATIENT?

Generally, no. A physician seeing a worker's compensation patient is not obligated to continue seeing a patient if circumstances arise that necessitates termination of the relationship. However, you should review your contract with the worker's compensation insurer to ensure that there are no restrictions or protocols to which you have previously agreed.

## MAY OUR PRACTICE IMPLEMENT A POLICY THAT STATES WE WILL TERMINATE ANY PATIENT WHO IS ABUSIVE TO OUR STAFF?

An abusive patient is one of the instances in which it is appropriate to terminate. Not terminating this type of patient could put your practice at risk.

Here are some guidelines for the use of an abusive patient policy:

- Train staff on the abuse policy.
- Be consistent in enforcing the policy.
- Be clear regarding what is considered verbal and physical abusive behavior. Describe it in your policy.
- Provide examples to the staff to prevent any misunderstandings. What constitutes abusive behavior can be a bit subjective, so the range of behavior should be made clear to all staff.

We recommend that practices have a zero-tolerance policy on abusive behavior and not give a patient a second chance if it should occur. A patient who makes threats of violence against your staff is dangerous and should not be allowed to return to the office. In this instance, we recommend waiving the 30-day notice period in the letter and terminating the relationship immediately.

## WHEN DRAFTING A PATIENT TERMINATION LETTER, IS IT ACCEPTABLE TO OMIT THE REASON FOR TERMINATION?

If you feel that listing the reasons for termination will further inflame the situation and possibly cause the patient to make threats against your staff, it may be prudent to simply omit the reason for termination. Alternatively, you might make a broad statement such as, "we feel you would be happier seeking care from another practice," or "we feel that the physician-patient relationship has been irreparably harmed."

## WE SENT A TERMINATION LETTER TO A PATIENT BY CERTIFIED MAIL ONLY, BUT SHE DID NOT PICK IT UP. WHAT SHOULD WE DO?

If certified mail delivery is unclaimed and the letter is returned, file it unopened in the patient's record **or** scan the envelope and the postal receipt into the EMR and make an entry into the patient's record indicating that the unopened letter was returned.

Send the letter again by regular mail and document your actions in the record. Also, consider calling the patient
at the telephone number you have on file and documenting the call in the medical record.

Again, remember that a refusal to accept a certified mail delivery is treated under Georgia law as receipt of the
delivery as long as proof of refusal is retained.

See Sample Forms: Patient Termination Letter Templates

**References**

*Allison v. Patel*, 211 Ga. App. 376 (1993)

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