

PHYSICIAN-PATIENT RELATIONSHIP

CHECKLIST #1

DISCONTINUING THE PHYSICIAN-PATIENT RELATIONSHIP PROPERLY

Once the physician-patient relationship is established, physicians have a legal and ethical obligation to provide patients with care. However, there may be circumstances when it is no longer appropriate to continue the physician-patient relationship. A physician may choose to discharge a patient for a variety of reasons such as non-compliance with treatment, failing to keep appointments, or inappropriate behavior. Properly discharging a patient from care can be a complex issue. In order to avoid allegations of abandonment, providers should consider establishing a formal process for discharge.

	YES	NO
1. A formal patient discharge is made in writing. The patient is given at least 30 days from the date of the letter to call for an emergency in order to avoid allegations of abandonment. This time period may be longer depending on the patient’s condition and the availability of alternative care.	<input type="checkbox"/>	<input type="checkbox"/>
2. The discharge is effective the date of the letter.	<input type="checkbox"/>	<input type="checkbox"/>
3. The patient is referred to the local county medical society, their health insurer, or a hospital referral source to obtain the names of other physicians.	<input type="checkbox"/>	<input type="checkbox"/>
4. The patient is provided with prescriptions for an adequate supply of medication or other treatment during the 30-day emergency period.	<input type="checkbox"/>	<input type="checkbox"/>
5. The discharge letter is sent using the USPS certificate of mailing procedure, <u>not</u> certified mail, so it cannot be refused/unclaimed by the patient, and it can be forwarded if the patient has moved.	<input type="checkbox"/>	<input type="checkbox"/>
6. When the patient to be discharged is in need of urgent or emergent care or continuous care without a gap, is more than 24 weeks pregnant, or has a disability protected by state and federal discrimination laws, the question of whether the patient can be discharged is first discussed with counsel since discharge may not always be possible.	<input type="checkbox"/>	<input type="checkbox"/>
7. The requirements regarding any restrictions on discharge imposed by the third-party payors with whom we participate are known.	<input type="checkbox"/>	<input type="checkbox"/>
8. The patient’s records are promptly sent to the patient’s their new provider upon receipt of a proper authorization.	<input type="checkbox"/>	<input type="checkbox"/>

DISCONTINUING THE PHYSICIAN-PATIENT RELATIONSHIP PROPERLY (continued)	YES	NO
9. The office computer or other appointment system is flagged to avoid giving the patient a new appointment after discharge.	<input type="checkbox"/>	<input type="checkbox"/>
10. The issues that have led to the discharge are documented in the patient's record.	<input type="checkbox"/>	<input type="checkbox"/>

The discharge of each patient is determined by the physician on an individual basis and based on medical record documentation of patient non-compliance or disruption. Fager Amsler Keller & Schoppmann, LLP is contacted for specific advice on the discharge of a non-compliant or disruptive patient. Form letters and a memorandum on the discharge of patients are also available. Contact Fager Amsler Keller & Schoppmann, LLP at **(855) FAKS-LAW** (855-325-7529).