

**TEXAS TECH HEALTH SCIENCES CENTER-EL PASO
AMBULATORY CLINIC
POLICIES AND PROCEDURES**

TITLE: Notice to patient for: Missed Appointments; Lack of Adherence to Prescribed Therapy/Treatment; and/or Refusing Clinic Reevaluations

Date Issued: 10/93

Revised 02/05

Policy 8.6

POLICY:

The purpose of Texas Tech Medical Center-El Paso Policy and Procedure, Policy 8.6 is to establish guidelines along with the Risk Management Department to provide assistance when noticing patient for: Missed Appointments, Lack of Adherence to Prescribed Therapy/Treatment; and/or Refusing Clinic Reevaluations.

SCOPE:

This policy covers all Texas Tech Medical Center-El Paso Physicians and Agents.

PROCEDURE:

Responsibilities of Appointed Designee:

1. Document in the clinic medical record the course of action that is most appropriate in regards to the existing circumstances.
2. Consult with the patient's medical provider (i.e., Resident/Attending Physician) to determine the appropriate course of action required.
3. **First contact attempt** -- call the patient by phone. If no response -- **Second contact attempt** -- first notice letter shall be mailed to the patient. If no response -- **Third contact attempt** -- second notice letter shall be mailed to the patient. If no response -- **Termination of the Physician Patient relationship Policy 8.5 is to be followed if the Physician desires to terminate the Physician Patient relationship.**

Note: All letters must have **Via: Certified Mail** typed on the stationery in the middle of the top first page of letter.

4. Document in the patient's clinic medical record whether the patient (patient, parent, significant other) received notification via telephone and/or by mail. The patient's clinic medical record shall include a copy of all letters that have been mailed and any return receipts for certified mail.
5. Execute the most appropriate course of action in regards to the existing circumstances when the patient calls and/or presents.

APPROVED:

Date

Signature

SAMPLE LETTER (A)

First Notice Letter

Dear _____:

Our records indicate that you _____ on (date) at the (clinic). For follow up of your medical condition, we recommend that you call the clinic at (phone #) AS SOON AS POSSIBLE to reschedule an appointment.

Nuestro registro de asistencia indica que usted _____ en (la fecha) en la clínica (clínica). Para continuar su asistencia médica, le recomendamos que llame al (teléfono) LO MAS PRONTO POSIBLE, con el fin de hacer otra cita.

Attending Provider

SAMPLE LETTER (B)

Second Notice Letter

Dear _____:

Our records indicate that you _____. For follow-up of your medical condition, we recommend that you call the clinic at (phone #) AS SOON POSSIBLE to reschedule an appointment. **Please be advised that if you continue to _____ you may be dismissed from medical care in our clinic.**

Nuestro registro de asistencia indica que usted _____. Para continuar su asistencia médica, le recomendamos que llame al (teléfono) LO MAS PRONTO POSIBLE, con el fin de hacer otra cita. **Le avisamos que si continúa _____ podremos darlo(a) de baja en nuestra clínica.**

Attending Provider