

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

TITLE: Termination of the Physician Patient Relationship

Date Issued: 10/93

Revised 10/04

Policy 8.5

POLICY:

The purpose of Texas Tech Medical Center-El Paso Policy and Procedure, Policy 8.5 is to establish guidelines along with the Risk Management Department to provide assistance when terminating the physician and patient relationship as provided for in **Policy 8.6 and 8.7**.

SCOPE:

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

PROCEDURE:

The termination process shall include a consultation with the Risk Manager and/or General Counsel by the Physician who wants to terminate the Physician Patient Relationship. The Risk Manager and/or General Counsel will then:

1. Evaluate the patient's medical record to assure that documentation supports the decision for termination (**i.e., progress note entries, correspondence to patient**). **Other examples may be two warning letters or other course of action as applicable.**
2. Consult with the Attending and/or Resident Physician directly involved with the patient's care and ascertain that Policy 8.6 – "Notice to Patient for: Missed Appointments; Lack of Adherence to Prescribed Therapy/Treatment; and/or Refusing Clinic Reevaluations" or **Policy 8.7 "Disruptive Behavior in Clinic Site/Departments" have been followed.**
3. Review the draft of the termination letter that is to be sent to the patient.
4. Provide advice to implement the following:
 - a) A copy of the termination letter is to be placed in the patient's clinic medical record along with the certified mail return receipt.
 - b) The reasons for the termination of the Physician Patient Relationship are to be documented in the patient's clinic medical record.
 - c) Documentation in the patient's clinic medical record that the Termination Letter has been mailed by certified and regular mail.

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

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