

Northeastern Vermont Regional Hospital 1315 Hospital Drive St Johnsbury, VT 05819	Subject: Termination of Provider-Patient Relationship
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PURPOSE: To identify the causes, considerations, and process for terminating a provider-patient relationship from the practice.

POLICY:

Terminating a provider-patient relationship is best suited when both parties agree to end the collaboration. Whenever possible, patients should be offered the option to establish care with another provider within the same practice.

Providers agree and understand that pressuring patients to switch providers within the practice or mistreatment of a patient as a means of discontinuing the relationship puts an undue hardship on the patient and practice and is not an acceptable means of terminating a professional provider-patient relationship.

Patients must be notified of the termination policy. The information to access the policy on the practice's website will be contained within the welcome letter.

Situations that may prompt considerations of termination from the practice are:

1. Excessive (three or more within a 12 month time frame) missed appointments including a failure to follow up as requested
 - a. Reference the practice's no-show policy
2. Failure to follow agreed upon treatment plans which may result in a severe patient-safety concern. This scenario requires a documented clinical review and agreement by the Medical Director.
3. Violent, aggressive, discriminatory, or illegal behavior toward staff or other patients and/or the refusal to maintain acceptable behavior after verbal or written warning. Warnings will be issued depending on the severity of the patient's action and are at the discretion of the POD and provider.

Considerations will be given to the following situations:

1. Evaluation of any and all options to maintain the relationship and all attempts for resolution. These attempts will be documented in the patient's chart.
2. Documentation of attempts to address non-adherence to treatment plans. The provider must clearly communicate the expectations and allow the patient to voice their understanding and personal expectations. Any misunderstandings or misperceptions will be clarified, in writing, with a copy given to the patient. Documentation of this communication and the patient's mutual agreement will be kept in the patient's chart.
3. Patients in a protected class or disability.
4. Patients with active social determinates of health concerns including but not limited to inadequate access to transportation, housing, utilities, insurance, or financial stability, is a victim of violence, or is actively suffering from uncontrolled mental health or substance misuse.

Termination will not be pursued if:

1. The same type of medical care cannot be found within a reasonable geographic area (75 miles).

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- The patient has an urgent or emergency condition or is being treated for an acute condition requiring continuous care. The patient must be treated until the acute phase has stabilized.

PROCEDURE:

- If possible, issue an official warning prior to any termination attempt. If the cause is related to non-adherence of the treatment plan or related to medical decision making, the warning will be issued by the provider or Medical Director. Other infractions may be warned by the Practice Operations Director (POD) or a provider.
- Once the decision to terminate is made, the POD will attempt a verbal conversation about the termination prior to sending a letter.
- The POD and Provider will author a termination letter containing:
 - Notification of the termination
 - 30 days (or more) of continued care and prescription coverage; including a specific date at which coverage ends.
 - The need for ongoing care with another provider and the consequences of not continuing care.
 - A list of resources to assist in finding another provider within the same specialty
 - A medical records release form

The reason for termination may be stated but is not necessary.

- The POD and Provider will sign the letter and send via certified mail. If the letter is returned or rejected, it can be resent in a plain envelope. The letter can also be hand delivered at the patient's appointment.
- All documentation of warnings, the factual reason for termination, encounters, copies of letters, returned mail, and receipts will be kept in the patient's chart. If the patient responds, this will also be documented in their file.
- Staff will be notified of the termination and the date of the coverage deadline.

If the practice's provider is assigned care of the terminated patient via Telephone Provider On-Call for NVRH, the provider must treat the patient.

REFERENCES:

Medical Mutual of Maine; Termination of the Physician-Patient Relationship;
<https://www.medicalmutual.com/risk/practice-tips/tip/termination-of-physician-patient-relationship/105> , (2022)

Resources

- To address situations with noncompliant patients, refer to the MMIC Practice Tip: [Strategies for Effective Communication](#)