POLICY STATEMENT:

It is the policy of the TTUHSC Risk Management Department to provide assistance when terminating a physician and patient relationship.

SCOPE:

This policy applies and will be distributed to all TTUHSC Ambulatory Clinics.

PROCEDURE:

1. The termination process must be initiated by an attending/faculty physician. Staff or residents may give input into the process but it remains up to the discretion of an attending/faculty physician to make the final decision. If a physician declines to treat an established patient with the intent to permanently terminate the relationship, a termination letter must be sent.

2. The degree of involvement by Risk Management or legal counsel in the termination process is left to the discretion of each involved campus. Risk Management should be contacted by staff that are unfamiliar with the process or need additional information.

3. Risk Management should always be consulted prior to termination of a pregnant patient.

4. Clinical staff should verify that:
   a. The termination letter includes reasonable notice to the patient, (at least 30 days from receipt of the notice, except in extreme circumstances involving threats of violence), affording the patient an opportunity to find other medical care and is signed by an attending/faculty physician. See 8.11.A, Sample Patient Termination Letter (English) or 8.11.C, Sample Patient Termination Letter (Spanish).
   b. The medical record documentation supports the decision for termination; however, the letter to the patient does not have to give a specific reason for the dismissal. (See attached sample letter A)
   c. The department chairperson has been made aware of the planned termination before notice is sent to the patient.
   d. If the termination of the relationship is first initiated by the patient, then a confirmation letter should be sent instead of the termination letter to document the patient’s decision to end the relationship or transfer care. See 8.11.B, Sample Confirmation Letter of Patient Decision to Transfer or Terminate Care (English) or 8.11.D, Sample Confirmation Letter of Patient Decision to Transfer or Terminate Care (Spanish).

5. The Risk Manager will work with the clinic personnel or departments, as necessary, to confirm that:
   a. A copy of the termination letter is in the patient’s medical record;
   b. Documentation of the action is maintained in the IDX system;
c. The termination letter is sent by both certified mail, return receipt requested and regular mail and once returned, the receipt is kept in the medical record;

d. If the patient is in a managed care plan and the terminating physician is the primary care physician, the plan is notified that the patient will need to select a new primary care physician.

6. Prior to scheduling a new patient, clinic staff should access the IDX system to determine whether the patient has been terminated from care in another clinic. If the patient has been terminated, scheduling the appointment should be postponed while the physician with whom the appointment is to be made is contacted for an opportunity to review the medical record. The physician may then make a determination as to whether the patient will be accepted for care in that clinic.

7. If the patient is not accepted, clinic staff will contact the patient regarding previous termination status. The Risk Manager should also be contacted for processing the additional clinic termination/exclusion from care in the IDX system.

8. After termination or exclusion from two clinics, the IDX system will indicate the multiple terminations. Under certain circumstances (violent behavior) TTUHSC Ambulatory Clinics in consultation with legal counsel may terminate/exclude the patient from care in all clinics.

*Note: In the above scenario, if a patient has a current and active patient/physician relationship in more than one of the TTUHSC clinics and is terminated from one, the patient can only be terminated from the other clinics at the treating physician's direction and with notice.

APPROVAL AUTHORITY:

This policy shall be recommended for approval by the Joint SOM Policy Committee to the Regional Deans with final signatory authority by the Deans, Schools of Medicine.

RESPONSIBILITY AND REVISIONS:

It is the responsibility of the Joint SOM Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement and Risk Management. Administrative and technical management of this policy, including web site maintenance, will be the responsibility of the Lubbock Office of Performance Improvement.

ATTACHMENTS:

8.11.A – Sample Patient Termination Letter (English)
8.11.B – Sample Confirmation Letter of Patient Decision to Transfer or Terminate Care (English)
8.11.C – Sample Patient Termination Letter (Spanish)
8.11.D – Sample Confirmation Letter of Patient Decision to Transfer or Terminate Care (Spanish)

<table>
<thead>
<tr>
<th>Signatory approval on file by:</th>
<th>Steven L. Berk, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dean, School of Medicine</td>
</tr>
<tr>
<td></td>
<td>J. Manuel de la Rosa, M.D.</td>
</tr>
<tr>
<td></td>
<td>Dean, School of Medicine, El Paso</td>
</tr>
</tbody>
</table>