

## Sample Termination Letter 1: Refusal to Accept Recommendations

Communication breakdowns may result in the need to terminate a provider-patient relationship. In the case below, the patient refuses to accept treatment recommendations. Other communication problems include patients who have unrealistic expectations, pose unreasonable demands or simply make staff members uncomfortable. In such situations, it is prudent to send a letter to the patient indicating that the relationship is being terminated, outlining treatment needs and explaining how to find a new provider.

Dear Patient,

Over the course of your recent visits, I have frequently stated my objection to proceeding with \_\_\_\_\_ due to the need for [treating/controlling/addressing] \_\_\_\_\_. Although we have spent substantial time discussing your condition and treatment plan, you have stated that you do not wish to pursue the recommended course of action.

Although you have the right to reject my recommendation, I believe that [pursuing the treatment sequence you desire OR proceeding without addressing \_\_\_\_\_] does not fulfill the requirements of accepted medical practice. Based upon your choice not to proceed as recommended, I must cease serving as your provider. Please consider this letter as formal notice of this decision.

I will be available to see you for any urgent needs that you may have for the next 30 days, provided that you contact my office to schedule an appointment.

You must seek the care of another provider as soon as possible. You can find information regarding area providers in the telephone directory or online, or by contacting your health plan or the local medical society/association referral service.

You should select either a primary care provider or a provider who specializes in \_\_\_\_\_ (known as a "\_\_\_\_\_"). Failure to seek medical care may result in a serious deterioration of your condition, which may result in \_\_\_\_\_ and/or \_\_\_\_\_.

A form authorizing release of medical information must be signed by you so that we can release your medical information to your new provider. Please allow \_\_\_\_\_ days from receipt of your request for duplication and mailing. I will be pleased to speak with your new provider by telephone at any time.

Sincerely,

Your Provider cc: Patient File

This sample form is for illustrative purposes only. As each practice presents unique situations, and statutes may vary by state, it is recommended that you consult with your attorney prior to use of this or similar forms in your practice.

## Sample Termination Letter 2: Missed Appointments

In this example, the patient has missed multiple appointments. She has been advised by telephone and in writing of the consequences of further missed appointments, yet the patient fails again to keep the scheduled appointment. The provider determines that it is in the best interest of the patient and the practice that the relationship be terminated. A letter such as the following may be appropriate:

Dear Patient,

Over the past four months, we have made great progress in treating \_\_\_\_\_. Unfortunately, further progress continues to be hampered by your repeated failure to keep scheduled appointments. Although we have previously discussed the impact of missed appointments both on your health and on our ability to serve other patients, another appointment was missed on [provide exact date].

As much as we wish to continue to provide care, we cannot do so under these circumstances. Therefore, this letter is being sent to inform you that we must terminate the relationship between our practice and you

As of your last visit, our records indicate that you still require the following medical care: \_\_\_\_\_. Your condition should be re-evaluated as soon as possible. It is recommended that you promptly schedule and keep an appointment with your new provider. Failure to seek care may result in a serious deterioration of your condition, which also may result in \_\_\_\_\_ and/or \_\_\_\_\_.

As it may take time to locate a new provider, we will be available for the next 30 days to care for any urgent problems you may experience. If necessary, please contact our office to schedule an appointment.

You can find information regarding area providers in the telephone directory or online, or by contacting your health plan or the local medical society/association referral service. We will forward a copy of your healthcare information records to you or to your new provider upon receiving your signed request to that effect. Please allow \_\_\_\_\_ days from receipt of your request for duplication and mailing. I will be pleased to speak with your new provider by telephone at any time.

If we do not hear from you in the next 30 days, we will assume that you have sought medical care from another practice.

Sincerely,

Your Provider cc: Patient File

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## Sample Termination Letter 3: Inactive Patient

Many medical offices have records of inactive patients – i.e., patients that providers have not seen or treated in years, but with whom there has been no formal termination of the provider-patient relationship. Although many of these patients may have sought care from another provider, those that have not may still be considered a patient of record, even if they have not responded to recall requests. Depending upon the patient's medical history and health status, it may be prudent to contact the patient and discuss whether to continue or formally terminate the relationship. This protocol reflects both patient safety and risk management considerations.

Dear Patient,

It has been a long time since your last visit to our office. We have tried to contact you by telephone, mail and email, but you have not yet responded. Our records indicate that your medical condition is one for which frequent monitoring is required. For this reason, we are concerned that your safety may be at risk.

We hope that you have sought medical care elsewhere since your last visit to our office. If not, we strongly suggest that you make an appointment as soon as possible with us or another provider. Failure to seek care may result in a serious deterioration of your condition, which also may result in \_\_\_\_\_ and/or \_\_\_\_\_.

We would be pleased to resume providing medical care to you. Please contact our office, and we will schedule another appointment for you. If we do not hear from you within the next 30 days, we will assume that you are being treated elsewhere and will consider our provider-patient relationship with you to have terminated. We would appreciate receiving a call from you regarding your decision, so that we will know whether to keep your records in our inactive file or return them to active status.

If you decide not to return to our office for care, you may find information regarding area providers in the telephone directory or online, or by contacting your health plan or the local medical society/association referral service. We will forward a copy of your healthcare records to you or to your new provider upon receiving your signed, written request to that effect. Please allow \_\_\_\_\_ days from receipt of your request for duplication and mailing. Thank you for your attention to this matter.

Sincerely,

Your Provider cc: Patient File

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## Sample Termination Letter 4: Generic Letter (No Reason Given)

While it is absolutely necessary to inform patients that the provider-patient relationship is being terminated, the precise reason for the decision to cease providing care need not be disclosed. In certain cases, the provider may wish to be tactful and remain silent regarding the reasons for the decision – especially if such reasons are of a private nature or may potentially create further conflict with the patient. Irrespective of the reason, send a letter to the patient indicating that the provider-patient relationship is being terminated, clearly outlining continuing treatment needs.

Dear Patient,

I am writing to inform you that, after careful consideration, I have decided to discontinue serving as your provider. Our provider-patient relationship will end 30 days from the date of this letter.

Based on our records, your current medical conditions include \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_. We are also monitoring your [blood count/specific diagnostic test/etc.]. Past results indicate that you may be developing \_\_\_\_\_, which may require \_\_\_\_\_. Therefore, for your own safety, it is important that you locate, pursue and follow up with a new provider as soon as possible.

I will be available to see you for the next 30 days for urgent medical issues, provided that you contact my office in advance to schedule an appointment.

Again, I encourage you to seek regular medical care as soon as possible. You may find information regarding area providers in the telephone directory or online, or by contacting your health plan or the local medical society/association referral service.

I will mail a copy of your healthcare record free of charge to you or your new provider after receiving from you a written and signed request to that effect. Please include the address to which you would like the records sent. Please allow \_\_\_\_\_ days from receipt of your request for duplication and mailing. I will be pleased to speak with your new provider by telephone at any time.

I wish you every success with your future medical care.

Sincerely,

Your Provider cc: Patient File

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