

## Policy and Procedure: Patient Dismissals

**POLICY:** Pediatric Associates of Hampden County strongly believes in having a professional and mutual trusting relationship. In the unfortunate breakdown of our relationship, we reserve the right to refuse treatment.

Reasons for dismissal include, but are not limited to:

- Dishonesty
- Illegal activity performed by either the patient and/or caregiver
- Aggressive or inappropriate behavior (actual or implied) to the staff and/or providers
- Persistent noncompliance or disregard of treatment plans
- Dangerous actions of patients and/or caregivers
- Requests for care or services not provided by Pediatric Associates of Hampden County
- Failure of payment
- Multiple NO CALL/NO SHOW or Cancelled (avoidance of care) appointments
- Continuing treatment with another primary care provider outside our practice

**SCOPE:** This policy applies to all established patients of Pediatric Associates of Hampden County.

**PROCEDURE:** In the event the need to dismiss a patient arises, the following procedure will be followed:

1. A member of management will attempt to notify the parent/legal guardian in writing via certified mail of our decision to terminate the provider/patient relationship. The termination letter will be addressed to the address on file in the patient's medical record. The termination letter will clearly state:
  - a. The date of termination becomes effective
  - b. The reason (s) for the termination
  - c. The time period during which will be continue to provide **urgent** care services to the patient
  - d. A summary of this practice's record release policy
2. The patient's health insurance provider will be notified by management of the patient's dismissal from the practice, and all necessary paperwork will be forwarded to the appropriate contact.
3. We will continue to see the patient for urgent care services only for **30 days** from the date of the termination letter.
4. This practices record release policy applies to any release of records, including termination of the patient/provider relationship.
5. Once the 30 day period from the date of the termination letter has passed, the account will be inactivated and an alert as to the reason of the inactivation will be posted.
6. Any further contact with PAHC by a parent or guardian of a dismissed patient will be referred to management.

POLICY IMPLEMENTATION DATE: March 15, 2015