

Reducing Risk

A Publication on Healthcare Risk Management from Princeton Insurance

Discharging a Patient from Your Dental Practice

Introduction

Occasionally, you may encounter patients who you no longer wish to treat. Reasons for ending the dentist-patient relationship may include chronic non-compliance, rudeness to office staff, or non-payment of bills. While these patient behaviors can affect the interactive care-giving process, they may also identify patients with a propensity to file a claim against you. To help reduce the risk of a future claim, a dentist may terminate or discharge a patient from the practice.

There are, however, certain exceptions that apply to terminating a patient. You may not terminate your professional relationship for any discriminatory purpose or in violation of any laws or rules prohibiting discrimination such as the Americans with Disabilities Act.

If the patient is a member of a managed care network, you should consider discussing your intentions to discharge the patient with the health plan administrators, as special conditions may apply. They also can provide you with a listing of other member dentists in the area who are accepting new patients.

Reduce the Risk of Abandonment

Abandonment occurs when a dentist suddenly terminates a patient relationship without giving the patient sufficient time to locate another practitioner. A patient, however, may withdraw from a dentist's care at any time without notifying the dentist.

To reduce the risk of allegations of abandonment, it is recommended that, if possible, you discuss with the patient in person the difficulties in the dentist-patient relationship and your intention to discharge the patient from the practice. Be sure to document the discussion fully in the patient's dental record, also noting the presence of any witnesses such as a patient's family member or a member of your office staff. **Caution:** Documentation in dental records should never include subjective or disparaging statements or judgments about a patient.

Write a Formal Discharge Letter

Notify the patient in writing of your intention to terminate the dentist-patient relationship. Specify in the letter a date certain that you will no longer provide care to the patient. The date certain is generally at least 30 days from the date of the letter. You should also state in the letter that you will be available to provide only emergency care or services during the 30-day notice period.

The discharge letter should include:

- ✓ A description of any urgent dental problems the patient may have, including, if appropriate, a time frame within which the patient should be seen by another dental practitioner, and the potential implications or consequences if treatment is not received
- ✓ An offer to forward copies of the patient's dental records to the subsequent treating dentist (You may also include a HIPAA compliant authorization for the patient's convenience.)
- ✓ The name and phone number of a local dentist referral service, or the local/state dental society, to assist the patient in locating a dentist who is accepting new patients.

The letter should be marked "personal/confidential" and mailed by certified mail, return receipt requested, to the patient's last known address. File a copy of the letter and the receipt in the patient's dental record. If the letter is returned unclaimed, mail it again. If the letter is returned a second time, file it in the patient's dental record as proof of your attempts to contact the patient. It is also suggested that you mail a copy of the letter by regular, first class mail, in case the certified letter is not claimed.

A sample discharge letter is included here for reference on page 4.

Inform Your Staff

Communicate with your staff when you have formally discharged a patient from your practice. Office staff should not schedule an appointment for a discharged patient after the termination date specified in the letter, as doing so may reestablish a dentist-patient relationship.

If you are covering for another dentist and must see a former patient that you discharged, be sure to inform the patient that you are seeing him/her as the covering dentist for the new dentist and are not resuming your former dentist-patient relationship. Document this communication in your progress notes in the patient's dental record.

For more information about reducing risk at your practice, please view our risk management newsletter at www.RiskReviewOnline.com. To access additional Reducing Risk documents, visit our website at www.PrincetonInsurance.com and click on "healthcare risk services."

This material is not to be construed as establishing practice standards or providing legal advice. Compliance with any of the recommendations contained herein in no way guarantees the fulfillment of your obligations as may be required by any local, state or federal laws, regulations or other requirements. Readers are advised to consult a qualified attorney or other professional regarding the information and issued discussed herein, and for advice pertaining to a specific situation.

Sample Discharge Letter

Dear (Patient),

You will recall that we discussed our dentist-patient relationship in my office on (date of last visit or discussion). Also present were your (wife, husband, etc.) and my (hygienist, assistant, etc.)

As we discussed, I find it necessary to inform you that I will no longer be able to serve as your dentist as of (date certain at least 30 days from date of letter). The primary difficulty has been (indicate general reason, e.g., your failure to cooperate with the dental care plan, your behavior toward my staff).

I recommend that you promptly find another dentist who can best care for your dental needs. You may want to contact (names and phone numbers of the state or local dental society, managed care referral service, etc.) to obtain names of other dentists who may be accepting new patients. Any delay could jeopardize your health, so I urge you to act promptly.

I will remain available to provide dental treatment to you, only for a dental emergency, until (same date as specified above in second paragraph) while you have the opportunity to arrange for another dentist. Once you have found another dentist and I receive an appropriate signed authorization, I will forward a copy of your dental record. I will also be happy to discuss your case with the dentist who assumes your care. An authorization form for release of your dental records is enclosed for your convenience.

Very truly yours,

(Your name)