1. **Procedure Statement**
   The purpose of this policy is to provide guidance to RWJMG Attending Physicians for managing interactions with patients when the patient-physician relationship is not maximal and to outline the process for terminating a patient from an individual Provider, Department/Division, or the entire practice. Legal, ethical and risk management best practices have been considered in developing this policy.

2. **Reason for Procedure**
   As noted in the Robert Wood Johnson Medical Group (RWJMG) Mission Statement: “The Robert Wood Johnson Medical Group is dedicated to providing the highest quality medical care, with respect and compassion for our patients, in a safe and efficient manner, in support of the teaching, research, and community outreach missions of the UMDNJ-Robert Wood Johnson Medical School.” We must also recognize that our mission is not that of a private medical practice, but rather a public institution with a mandate to ensure the health of New Jersey residents.

   Relationships may be terminated by the patient or the physician. Under most circumstances, a physician has the right to terminate the patient-physician relationship, so long as the patient is notified in writing and given sufficient time to engage the services of another physician. The theory of abandonment and medical ethics require
that once a patient engages a physician, that physician is under an obligation to provide the patient with continuous care and attention until the relationship is properly terminated. Terminating a patient-physician relationship can be difficult for the physician and the patient. Studies have shown that patients view termination in a very negative light.

3. **Who Should Read This Procedure**
   All faculty and staff of the Rutgers RWJMG.

4. **Related Documents**
   Terminating a Physician-Patient Relationship Policy
   Appendix A: Terminating a Patient from an Individual Provider letter
   Appendix B: Terminating a Patient from a Department/Division letter
   Appendix C: Terminating a Patient from Rutgers RWJMG letter (entire practice)

5. **Contacts**
   Office of the Dean, RWJMS (732-235-6300)

6. **The Procedure**
   1. **No Show – New Patients**
      a. When a patient who is new to the practice does not show for an appointment, a member of the operations staff will make a follow-up phone call to the patient.
         i. If a new appointment is requested, the patient will be informed that if this appointment is not kept or cancelled with sufficient notice and reasonable cause, then no further appointments will be allowed.
   2. **No Show – Established Patients**
      a. When an established patient exhibits a pattern of not showing up for appointments, a member of the operations staff will make a follow-up phone call to the patient/parent/guardian. The patient will be reminded of the importance of keeping appointments and the consequences of continuing to miss scheduled appointments.
         i. *If a new appointment is requested, the patient/parent/guardian will be informed that if this appointment is not kept or cancelled with sufficient notice and reasonable cause, then no further appointments will be allowed.*
      b. These telephone encounters will be documented in the patient’s electronic medical record (EMR).
      c. If the patient continues to miss scheduled appointments, the issue will be elevated to the Practice Manager for review and resolution, which may be further discussion with the patient/parent, guardian or a recommendation of termination from an individual Provider, specialty, or the entire practice.
3. **Failure to Adhere to Recommended/Agreed Upon Plan of Care**
   a. In the event that the patient fails to adhere to the plan of care, the physician will initiate a discussion with the patient/parent/guardian emphasizing the importance of adherence and the consequences of continued non-adherence, which includes but is not limited to the possibility of termination of the patient-individual physician relationship.
   b. These discussions will be documented in the patient’s EMR by the physician.

4. **Termination Request and Resolution**
   The Practice Manager/Designee will be notified to review the case and determine whether the termination is warranted. The Practice Manager/Designee will inform the physician and others on the health care team if appropriate of the determination.
   a. The following process will be followed when termination is deemed necessary:
      i. If termination is warranted, the Practice Manager/Designee will customize the appropriate BOG-approved letter that is located in the EMR and give to Provider for review and signature (Attachment A, Termination from Individual Provider or Department/Division; Attachment B, Termination from Rutgers RWJMG).
         1. To access the letter, open the patient chart in the EMR, Click Print, then Click Letters, locate and Click on Discharge folder and both letters can be found.
      ii. Two copies of the letter will be mailed to the patient: one sent via regular mail and one sent with Return Receipt Requested.
      iii. A copy of the signed letter will be scanned into the patient’s chart in the EMR.
      iv. A copy of the letter in the EMR will be routed to the RWJMG Patient Advocate, who is responsible for informing the practice leadership.
   b. If termination is not warranted, the Practice Manager/Designee will inform the physician that termination is not warranted and discuss possible strategies for rehabilitating the patient-physician relationship. The physician and Practice Manager/Designee will contact the patient to discuss and gain agreement on continued interactions. This will be documented in the patient’s EMR.

**References**


Appendix C: Terminate Patient from Rutgers RWJMG (Entire Practice)

Date:
(Note: Termination date stated below in the body of the letter must be 30 days + 2 days for mail delivery from the date of the letter)

Patient name:
Date of Birth:
Address:
City/State/Zip Code:

Dear [Insert Patient Name]:

This letter is to notify you that the Rutgers Robert Wood Johnson Medical Group is terminating all Patient-Provider relationship. No Provider in the Group will provide care to you after [insert termination month/day/year], thirty (30) days from the delivery of this notice.

As required by law, we will provide to you all necessary emergency care or emergency services, including the provision of necessary prescriptions, until the termination date noted above. Emergency care or emergency services means “medical care or services required in circumstances where your life or health may be threatened or compromised unless timely medical care is provided.” Please know that in the event such emergency care is required, it shall not imply that our Patient-Provider relationship been re-established.

[Note: If patient has a scheduled upcoming appointment, please insert the following statement.] Please note that I have canceled your appointment with [Insert Provider Name] on [Insert Date] at [Insert Time].

Finally, I will provide a copy of your professional treatment record and/or billing records, as may be requested, within thirty (30) days from my receipt of a written request from you or your authorized representative, and as required by law. Please contact [insert the name and phone number of the person] to request medical/billing records.

Sincerely,

[Insert the name, title, and signature of person sending letter].

[Send by regular mail and by certified mail, Return Receipt Requested]
Appendix B: Terminate Patient from a Department/Division

Date:
(Note: Termination date stated below in the body of the letter must be 30 days + 2 days for mail delivery from the date of the letter)

Patient name:
Date of Birth:
Address:
City/State/Zip Code:

Dear [Insert Patient Name]:

This letter is to notify you that the [Insert Name of Department or Division] of the Rutgers Robert Wood Johnson Medical Group is terminating our Patient-Provider relationship. No Provider in the [insert Name of Department or Division] will provide care to you after [insert termination month/day/year], thirty (30) days from the delivery of this notice.

As required by law, we will provide to you all necessary emergency care or emergency services, including the provision of necessary prescriptions, until the termination date noted above. Emergency care or emergency services means “medical care or services required in circumstances where your life or health may be threatened or compromised unless timely medical care is provided.” Please know that in the event such emergency care is required, it shall not imply that our Patient-Provider relationship has been re-established.

[Note: If patient has a scheduled upcoming appointment, please insert the following statement.] Please note that I have canceled your appointment with [Insert Provider Name] on [Insert Date] at [Insert Time].

Finally, I will provide a copy of your professional treatment record and/or billing records, as may be requested, within thirty (30) days from my receipt of a written request from you or your authorized representative, and as required by law. Please contact [insert the name and phone number of the person] to request medical/billing records.

Sincerely,

[Insert the name, title, and signature of person sending letter].

[Send by regular mail and by certified mail, Return Receipt Requested]
Appendix A: Terminate Patient from Individual Provider

Date:
(Note: Termination date stated below in the body of the letter must be 30 days + 2 days for mail delivery from the date of the letter)

Patient name:
Date of Birth:
Address:
City/State/Zip Code:

Dear [Insert Patient Name]:

This letter is to notify you that I am terminating our Patient-Provider relationship. I will no longer provide care to you after [insert termination month/day/year], thirty (30) days from the delivery of this notice.

As required by law, I will provide to you all necessary emergency care or emergency services, including the provision of necessary prescriptions, until the termination date noted above. Emergency care or emergency services means “medical care or services required in circumstances where your life or health may be threatened or compromised unless timely medical care is provided.’ Please know that in the event such emergency care is required, it shall not imply that our Patient-Provider relationship been re-established.

[If patient has a scheduled upcoming appointment] Please note that we have canceled your appointment with me on [Insert Date] at [Insert Time].

Finally, I will provide a copy of your professional treatment record and/or billing records, as may be requested, within thirty (30) days from my receipt of a written request from you or your authorized representative, and as required by law. Please contact [insert the name and phone number of the person] to request medical/billing records.

Sincerely,

[Type in Provider Name and Credentials, and obtain Provider signature above typewritten name]

Send by regular mail and by certified mail, Return Receipt Requested