Policy: A patient/caregiver may be discharged from services from Doctors On Call (DOC) when, in the provider’s professional judgment, the patient/caregiver/provider therapeutic relationship no longer can effectively exist, a patient/caregiver’s behavior is a safety concern to themselves or the provider and/or the client is non-compliant with Doctors On Call’s policies and procedures, medical management, and/or appropriate follow up.

In general, patient/caregiver discharge is a measure of last resort. Doctors On Call may not and will not disenroll a patient/caregiver due to an adverse change in the patient/caregiver’s health status, or because of the patient/caregiver’s utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from his/her special needs (except when continued enrollment seriously impairs the provider’s ability to furnish services to either this or other patient/caregivers).

Purpose: To ensure excellent, safe patient/caregiver and provider oversight.

Scope: All patient/caregivers of Doctors On Call.

Responsibility: Medical Directors.
Procedures:

- Behaviors which may indicate discharge may include, but are not limited to:
  - a. Habitual non-compliance with DOC’s practice guidelines and/or a treatment plan
  - b. Abusive, threatening, hostile or destructive behavior in person or on the phone that may impact the delivery of care to this or other patient/caregivers including, but not limited to:
    - yelling
    - hitting
    - shoving
    - using profane language
    - using derogatory terms/language
    - physical assault and/or threats
    - unwanted sexual advances
  - c. Documented altering or forgery of prescriptions
  - d. Narcotics abuse, violation of narcotic contract, drug seeking behavior
  - e. Theft or fraud
  - f. Other behavior which has caused or creates the potential to cause a breakdown in the provider/patient/caregiver relationship
- As an intermediate step before discharge, the patient/caregiver is provided with a verbal warning by the Associate Medical Director, Director of Provider Relations & Clinical Programs and/or the Director of Quality Management. This verbal warning will be documented in the patient/caregiver’s chart on the EMR. This is not a required step in the discharge process. The Associate Medical Director/Director of Provider Relations shall authorize this step and prepare and document warning.
- All proposed discharges must be reviewed and approved by the Associate Medical Director, Director of Provider Relations and/or the Director of Quality Management prior to any discharge action.
- The PCP is responsible for assembling and documenting the necessary information to substantiate a discharge. A discharge will not proceed without adequate documentation for the basis for the discharge.
The Associate Medical Director/Director of Provider Relations is responsible for issuing the Discharge Letter to the patient/caregiver and notifying appropriate personnel within the practice.

- a. As required by regulatory agencies, patient will receive necessary/urgent care from the provider only during the next 30 days, the period of time within which the patient must select another PCP.
- b. The letter will be delivered certified mail with delivery confirmation requested to the patient/caregiver and the patient’s insurance provider.
- c. Copies of the letter will be placed in the patient’s medical record.

Regardless of which provider or department initiated the discharge, the client is discharged from the entire practice.

Discharged clients may submit a written appeal to the practice if they feel there are facts or conditions that were not known at the time the discharge decision was made. Such appeal will be routed to the Associate Medical Director/Director of Provider Relations and the Director of Quality Management for review. The client will be notified, in writing, of the review decision, which is final.

**Distribution**: All clinical staff.

**References**: 

**Written By:**

__________________________________________ Date: / / 

**Reviewed By:**

__________________________________________ Date: / / 

__________________________________________ Date: / / 

__________________________________________ Date: / / 

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