

Policies of the University of North Texas Health Science Center	Chapter 14 – UNT Health
14.306 Patient Disengagement	

Policy Statement.

UNTHSC acknowledges that, at times, UNT Health physicians must terminate the patient-physician relationship. UNT Health physicians will follow appropriate steps before disengaging a patient. Patients may be disengaged, for example, for the following reasons:

- disruptive, abusive and/or uncooperative behavior;
- failure to comply with recommended medical treatment;
- failure to pay for services rendered;
- violation of a controlled substances contract;
- failure to comply with missed appointment policy;
- the patient has no need of further care; or
- the patient terminates the relationship.

Application of Policy.

Clinical Faculty, Dept. Chairs, Clinic Staff, Office of Healthcare Quality and Risk Management

Definitions.

None

Procedures and Responsibilities.

1. Once a physician/patient relationship has been established, the physician/patient relationship may not be terminated without the approval of the Department Chair. The Department Chair or designee will complete the attached Checklist for Patient Disengagement prior to disengagement.

Responsible Party: Clinical Faculty and Department Chairs

2. Prior to disengagement, a patient will be notified, either verbally or in writing, when his/her behavior creates a risk for disengagement and afforded an opportunity to change behavior prior to disengagement. If notified verbally, the physician or staff member will document the conversation in the patient’s EMR. Notification by letter should be sent certified, if possible.

Responsible Party: Clinical Faculty and Clinic Staff

3. Patients who exhibit abusive physical, verbal or sexual behavior towards physicians, staff or other patients or any other behavior that may pose a threat to the safety of others at UNTHSC are not entitled to a pre-disengagement warning. Non-compliance with a controlled substances contract may be sufficient for immediate disengagement if the contract so stipulates.

Responsible Party: Clinical Faculty and Clinic Staff

4. For patients experiencing an emergency or urgent health situation or for those patients who are pregnant or mentally incompetent, the physician should work with the Office of Healthcare Quality and Risk Management (“HQRМ”) and the health care team to develop a coordinated approach to dealing with the patient prior to disengagement.

Responsible Party: Clinical Faculty and HQRМ

5. A patient who is disengaged will be sent a certified (if possible) letter signed by the patient’s physician which states the reason for the disengagement and instructions on how to obtain a copy of the medical record. The HQRМ office will be consulted for assistance in drafting the letter. A reasonable time period to seek alternative care, usually thirty (30) days, will be given to the patient during which time the physician will be available to take care of the patient’s immediate medical needs. *(In extreme circumstances involving physical threats, the 30 day time period may be waived upon approval by Department Chair or Chief Medical Officer, with the approval of the Executive Director of HQRМ.)* A copy of the letter will be placed in the patient’s EMR and a copy of the letter and the Checklist for Patient Disengagement will be sent to HQRМ.

Responsible Party: Department Chair, Clinical Faculty, Executive Director of HQRМ

6. The physician will be responsible for making any required notification of the disengagement to the patient’s managed care or insurance plan.

Responsible Party: Clinical Faculty

7. Patients disengaged from a department shall not enter into a patient/physician relationship with another physician within that department without the consent of the disengaging physician. Physicians disengaging patients should not be placed in the position of covering disengaged patients while on call. Disengagement from one department at UNTHSC does not mean that the patient is disengaged from other UNTHSC departments. If a patient’s behavior is such that the patient may require

disengagement from the entire practice, the Chief Medical Officer and the Executive Director of HQRM will review to determine further action.

Responsible Party: Department Chair, Chief Medical Officer, Clinical Faculty, Executive Director of HQRM

8. The staff in the clinic shall document in the patient registration system that the patient has been disengaged. The system shall be checked for such annotation before any new patient is scheduled.

Responsible Party: Clinic Staff

9. Compliance with this policy shall be monitored by the Risk Management Committee.

Responsible Party: HQRM and the Risk Management Committee

References and Cross-references.

None

Forms and Tools.

Checklist for Patient Disengagement

Approved: February 23, 2012

Effective: February 23, 2012

Revised: