**Checklist for Patient Disengagement**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requesting Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Disengagement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Items 1 – 4 are required Yes No**

1. **Does the patient’s condition require that the Office of Healthcare □ □**

**Quality & Risk Management be consulted (e.g. pregnant, mentally**

**incompetent, urgent healthcare situation, litigious behavior)?**

1. **Does the medical record contain documentation of the behavior or □ □**

**circumstances at issue?**

1. **Does documentation exist, either in a letter or the physician’s □ □**

**progress notes that the patient has been made aware that disengage-**

**ment will occur if the issue is not resolved?**

**If not, is there documentation in the medical record of why the patient**

**Is not entitled to a predisengagement warning (e.g. physical, sexual,**

**verbal abuse, violation of narcotic contract?**

1. **Does a referring physician need to be notified? □ □**

**Signatures required:**

**Person who completed this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Department Chairman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**