

Practice Policy Regarding Termination of Physician-patient Relationship

While Dr. Friedman is responsible for providing appropriate care to you as his patient, it is the ultimate responsibility of the patient to maintain his or her health and cooperate with the physician. In the event that a healthy, supportive, care-giving relationship can no longer be maintained, Dr. Friedman may discontinue care of a patient.

Please be aware of the following policy guidelines this practice adheres to regarding any decision to sever a physician-patient relationship:

1. Patients may discontinue the physician-patient relationship at their discretion at any time.
2. The physician-patient relationship may also be terminated by the mutual consent of the physician and patient, when the services of the physician are no longer needed, or when the physician withdraws from the physician-patient relationship.
3. Dr. Friedman's decision to terminate a physician-patient relationship will be made on a case-by-case basis, specific to the unique facts and circumstances of each individual patient. If appropriate, the physician may choose to meet with a patient to discuss reasons for potentially discontinuing the relationship and may indicate that further occurrence of events will result in discharge of the patient from care. Possible reasons for terminating the relationship include, but are not limited to:
 - Failure by the patient to keep appointments;
 - A demonstrated unwillingness on the part of the patient to comply with the treatment plan or follow the recommendations of the physician;
 - Failure to follow necessary medication/treatment regimes;
 - Failure to obtain necessary referrals or testing;
 - Disruptive, belligerent, threatening or other inappropriate behavior by the patient, such as threats of violence or inappropriate sexual advances; or
 - Failure on the part of the patient to honor his or her financial obligations or agreed payment policies of the practice.
4. If Dr. Friedman decides to terminate the relationship, the patient will be notified in writing of his decision. The letter will indicate the reason for the patient's discharge, and will state a reasonable amount of time that the patient has to secure care from another physician before the termination is effective. Emergency and routine care will be continued up until that date.
5. If the patient requests assistance in finding a new care provider, the physician may offer referrals or, at the sole discretion of the physician, extend the period of continued care.

6. The practice will keep documentation of any and all communication with the patient.
7. Dr. Friedman will not terminate the physician-patient relationship because of the patient's race, religion, national origin, sexual orientation or any other basis that would constitute invidious discrimination, nor will the reason given to the patient for the termination of the physician-patient relationship be a pretext for discrimination.
8. Upon receipt of a signed patient authorization for release of information, the practice will transfer patient records to a newly-designated physician.

PATIENT ACKNOWLEDGEMENT

By signing below, I (or the patient's authorized representative) acknowledge that I have read and fully understand the above practice policy guidelines, and I agree to cooperate with the physician and staff in order to maintain a beneficial physician-patient relationship in accordance with these policy guidelines.

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Signature of Patient or Legal Representative/Date

Print Name of Patient or Legal Representative

Relation to Patient