

**Good Samaritan Health & Wellness Center**  
Policies and Procedures

Subject: Patient Discharge Policy and Procedure	Policy #: 5.12
Prepared by:	Revision #:
Approved by: Board of Directors	Effective Date: 7/24/2015

## 5.12 Patient Discharge Policy and Procedure

Client discharge from Good Samaritan Health & Wellness Center may occur when, in a care provider's professional judgment, the patient/provider therapeutic relationship no longer can effectively exist, or a client's behavior is a safety concern. In general, client discharge is a measure of last resort.

Good Samaritan Health & Wellness Center may not disenroll a patient due to an adverse change in the patient's health status, or because of the patient'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 patients).

### **PROCEDURES:**

- 1) Behaviors which may indicate discharge may include, but are not limited to:
  - a) Abusive, threatening, hostile or destructive behavior in person or on the phone that may impact the delivery of care to this or other patients;
  - b) Documented altering or forgery of prescriptions;
  - c) Narcotics abuse, violation of narcotic contract, drug seeking behavior;
  - d) Theft or fraud
  - e) Other behavior which has caused or creates the potential to cause a breakdown in the provider/patient relationship.
- 2) All proposed discharges must be reviewed and approved by a Chief Medical Officer prior to any discharge action.
- 3) 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.
- 4) The Executive Director/CEO is responsible for issuing the *Discharge Letter* (attached) to the client and notifying appropriate personnel within the practice. Copies of the letter will be placed in the client's medical record.
- 5) Regardless of which provider or department initiated the discharge, the client is discharged from the entire practice.
- 6) Discharged clients may submit a written appeal to the CEO if they feel there are facts or conditions that were not known at the time the discharge decision was made. The CEO will

route the appeal (and all documentation) to the Chief Medical Office for review. The client will be notified, in writing, of the review decision, which is final.



Good Samaritan

HEALTH & WELLNESS CENTER

*Restoring Health. Saving Lives.*

Date

Patient Name

Patient Address

Dear [Patient Name]:

We are writing to inform you that effective {Letter Sent Date} you will no longer be a patient of Good Samaritan Health & Wellness Center.

The reason(s) we are discharging you from the practice are:

- Briefly explain the reason for this discharge letter per individual circumstance.
- Briefly explain the reason for this discharge letter per individual circumstance.

Your continued health care is important. We encourage you to find another PCP immediately. We suggest you contact your health insurance provider for assistance in choosing a new primary care physician.

*We will be available to treat you on an emergency basis for thirty (30) days from the date of this letter.*

or

*Please go directly to the closest Emergency Department should you require emergent care.*

We will forward copies of your medical records to the health care provider you select. To do this, we'll just need a signed note from you indicating you would like your medical records released, and to whom they are to be released.

Please contact our office if you have any questions.

Sincerely,

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Executive Director/CEO

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Chief Medical Officer