

Sullivan County Department of Public Health

<p><u>Title:</u> Termination of patient/ provider relationship</p> <p><u>Number:</u> AG-64</p> <p><u>Page Number:</u> 1 of 1</p>	<p>Original Approval: 9/99</p> <p>Reviewed/ revised: 9/99, 4/24</p>
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Statement/ Purpose:

To provide guidelines for discontinuing home health patient care services.

Authority:

CMS CoP 484.50 (d)

Application:

All SCDPH CHHA staff

Terminology:

Responsible Party:

Director of patient services

Cross-Reference:

Discharge process

Procedure:

1. The following situations constitute a desire by the patient to terminate services:
 - a. Failure to be available for three consecutive visits.
 - b. Failure to agree to private payment arrangements in the absence of third-party payment.
 - c. Presence of violent patient/ significant other behavior.
 - d. Failure to comply with items outlined in the Plan of Care Contract.
2. Physician is notified if above occurs.
3. When any of the above patient actions occur, the Director of Patient Services or his/her designee is notified and coordinates termination activities.
4. Written notification is given to the patient regarding termination of services. The notification specifies:
 - a. The actions lead up to the termination of the patient-provider relationship.
 - b. The date of the termination of the relationship.
 - c. Alternative caregivers in the area for continued service.
 - d. The agency's willingness to forward pertinent medical information when requested by the patient.
5. To ensure continuity of care, referral information is provided to the agency of the patient's choice in accordance with the referral process.
6. The clinical record will contain documentation of all the Agency efforts.