



Colorado Chiropractic Association

The voice of Colorado chiropractic since 1917.

How to tell a patient Goodbye

A doctor's decision to discharge a patient should always be made in writing, on her/his letterhead, and sent via certified mail, return receipt requested. Your malpractice insurance carrier may provide a sample letter for you to use, but be sure to modify the letter to fit the specific circumstance. Some insurers advise giving the patient a specific reason for termination, others believe it's unnecessary and could provoke the patient. Be sure to review the Colorado Chiropractic Practice Act (CRS 12-33-117 (1) (bb)) for guidelines.

Here are some sample letters:

When a patient will not pay your bill:

Dear _____:

As you know, we have been unsuccessful in our attempt to resolve the outstanding balance on your account. I previously informed you that I would have to withdraw as your doctor unless you made an effort to bring your account up to date. [OPTIONAL: *Consequently, ten days after your receipt of this letter, your account will be turned over to a collection agency for action.*]

The Colorado Chiropractic Association's Patient Referral Network at www.coloradochiropractic.org or (303) 755-9011 or (800) 829-0339 may be able to assist you in finding another doctor of chiropractic. This office will transfer your records to another doctor upon receipt of proper authorization.

Sincerely, _____

When a patient will not comply with your advice or is disruptive:

Dear _____:

I find it necessary to inform you that I will not longer be able to serve as your doctor. The reason is *[indicate reason or delete this sentence. If you provide a reason, keep it brief and factual. For example, "I've recommended home exercises and visits each month for you, but after repeated discussions, you have declined to follow my advice. The doctor/patient relationship depends on mutual rapport. Since it appears that you have lost confidence in my ability, I must withdraw as your doctor."]*

As you may require chiropractic care in the future, I recommend that you promptly find another doctor of chiropractic to treat you. The Colorado Chiropractic Association's Patient Referral Network at www.coloradochiropractic.org or (303) 755-9011 or (800) 829-0339 may be able to assist you in finding another doctor of chiropractic. This office will transfer your records to another doctor upon receipt of proper authorization.

Sincerely, _____

Sample authorization to transfer records:

Date: _____

To: _____, DC

I hereby authorize you to transfer or make available to _____, DC, at _____ (address), all the records and reports relating to my chiropractic treatment.

Signed: _____

