

APPENDIX V

TERMINATION OF PSYCHIATRIST-PATIENT RELATIONSHIP

[Date]

Dear [Name of Patient]:

This is to inform you that I believe it is necessary to terminate our professional relationship. [Psychiatrist may, but is not required to, specify reason.]

I have been serving as your psychiatrist since [specify date], and am currently treating you for [indicate diagnosis] with a program of [specify treatment mode, including any drugs]. In my view, you [would/would not] benefit from continued treatment.

If you wish to continue to receive treatment, you are, of course, free to contact any psychiatrist of your choice. However, you may wish to contact one of the following [psychiatrists/facilities], [who/which] may be willing to accept you as a patient: [indicate specific referrals here]. If you find that none of these choices is acceptable, please contact me; I will make every effort to suggest additional alternatives. If you do decide to obtain treatment from one of these psychiatrists or facilities, or from any other psychiatrist or facility of your choice, I will be happy to forward your clinical records to your new doctor on your written authorization.

Finally, be assured that I will be available to treat you until [specify date]. [The following factors, among others, may be used to determine what is “reasonable” in a particular situation: condition of the patient, length of the psychiatrist-patient relationship, availability of other psychiatric services in the community, reason for termination, and amount of money owed, if any.]

Sincerely,

[Psychiatrist’s Signature]

[Psychiatrist’s Name]

Note: it is advisable to send termination letters via certified mail, return receipt requested.