PRACTICE CHECKLIST

Ending care with a patient: a checklist to avoid abandonment

A step-by-step checklist for a psychiatric practice that needs to end its relationship with a patient, structured to meet the professional standard for avoiding abandonment.

Current as of July 29, 2026. Laws, payer rules, and billing codes change. Confirm the current requirements for your jurisdiction and setting before you rely on anything here.

Who it's for

Psychiatrists, psychiatric nurse practitioners, and practice managers in outpatient settings.

When to use it

When a clinician decides to discharge a patient from the practice, for reasons like repeated no-shows, nonpayment, threatening behavior, a treatment mismatch, or a practice closure or relocation.

Before you decide

- Confirm the reason is appropriate and documented, and isn't discriminatory or retaliatory.
- Check whether continued treatment is medically necessary right now, such as an unstable patient or a controlled-substance taper in progress.
- Review your state medical board rules and any payer or contract requirements, which can be stricter than the general standard.

The written notice

- Send written notice, commonly by a method that documents delivery, like certified mail with return receipt, and keep a copy.
- Give a brief, professional reason without disclosing more than necessary.
- State a specific end date and agree to provide care, including emergencies, for a reasonable period, commonly at least 30 days, so the patient can find another clinician.

Continuity and referrals

- Offer concrete ways to find another clinician, such as the health plan directory, a local access line, or specific referrals.
- For patients on medication, address a safe interim supply or bridge so care isn't interrupted, especially for controlled substances.
- Offer to transfer records to the next clinician once the patient signs an authorization.

Document everything

- Save the notice, proof of delivery, the reason, and any interim-care plan in the record.
- Note the referrals given and the records-release offer.
- Record the final visit or the last date care was available.

Important limitations

Abandonment is generally understood as ending care at an unreasonable time and without giving the patient a fair chance to find an equally qualified replacement. The specifics, including how much notice is required, are governed by your state medical board and by case law, and some payers and contracts add their own rules. The 30-day figure is a common norm, not a universal legal minimum. Confirm the requirements where you practice, and get counsel for any high-conflict or high-risk discharge.

Sources

American Medical Association, Code of Medical Ethics, Terminating a Patient-Physician Relationship. https://code-medical-ethics.ama-assn.org/ethics-opinions/terminating-patient-physician-relationship

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