

WHEN AND HOW A CHIROPRACTOR CAN TERMINATE CARE

A Wisconsin chiropractor has both mandatory and optional reasons for terminating patient care. There are two obligatory or mandatory situations when a chiropractor must terminate care of a patient.

The first is commonly referred to as the “**duty to inform**” and is stated in the administrative code at section 6.03 dealing with “unprofessional conduct”. This section applies when the patient initially presents for care and has a “condition which is not treatable through chiropractic means”.

The manner for terminating care in this first situation is clearly described in the code. Basically, the doctor needs to “inform” the patient of the situation and then “recommend” that the patient seek additional health care advice for the condition. From a practice perspective, it would be prudent to state in the patient notes that these actions were taken or send a letter to the patient briefly addressing these matters. The doctor should always be cautious in making any preliminary diagnosis which may be outside of the scope of his/her license or otherwise make a suggestion as to the specific type of alternative physician for the patient to see.

The other mandatory situation for terminating care is referred to as the “**duty to refer**” and is found in the statutes at section 446.02(7d). This section applies after the doctor has began care and determines through an evaluation that the patient’s condition is “not treatable by the practice of chiropractic” or will not respond to the “further practice of chiropractic”. This second aspect often relates to code section 6.02(8) which labels unprofessional conduct as “engaging in excessive treatment of the patient”.

The procedure for “discontinuing” care under this statute is more elaborate than the procedure of “informing” the patient under the administrative code. Under this statute, the patient must be informed, either in writing or verbally, of the “reason for discontinuing” chiropractic. The patient must also then be referred to a physician licensed under chapter 448 of the statutes; i.e. a medical doctor, etc. Under both the written or verbal notification, the chiropractor must provide the patient with a copy of the letter to the physician and maintain a copy of that record in the patient’s file. If the notification is verbal to the patient, a written record of the oral referral must also be maintained in the patient’s records to specify (1) the name of the physician to whom the patient was referred and (2) the date of the actual referral. Sample forms which may be considered in providing written notification to patient and/or physician are available at this website, under “Resources” to “Forms”, section E at: <http://chiropracticlaw.com/resources/forms>.

Beyond these two mandatory reasons for terminating care, a doctor also can voluntarily choose to terminate care of the patient for reasonable practice and professional reasons. These reasons include: not paying for services, failing to follow treatment recommendations or posing some type of threat or disruption to business operations or staff. When terminating under these circumstances, the doctor must be aware of code section 6.02(11) which labels unprofessional conduct as “refusing to render services because of race, color, sex or religion.”

Because there is no administrative or statutory explanation on how to terminate care under these non-mandatory situations, the doctor needs to use an objective, “reasonable person” level of care in communicating with the patient. The doctor may also choose to have clearly described office procedures and practices which a patient is both notified of at the initiation of care and expected to follow as part of practice protocol. The chiropractor may choose to openly display “office policies” to patients which clearly indicate that treatment may be unilaterally terminated by the doctor for various reasons; including (1) failing to make required payment within a certain number of days, (2) failing to timely provide insurance information, (3) failure of a patient’s attorney to timely cooperate with requested information, (4) unexcused absences from a certain number of scheduled appointments, and (5) disruptive or unruly behavior towards patients, staff, and doctors. With these clearly identified expectations, the patient’s care can be reasonably terminated if the patient violates the office’s protocol and procedure. It is unlikely that the state’s regulatory board would challenge the doctor’s voluntary termination of patient’s care provided that the doctor is not discriminating or acting unreasonably in denying care.

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