

**ROCKINGHAM COUNTY DEPARTMENT
OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
POLICY**

TITLE: CLIENT DISMISSAL

DATE DEVELOPED: 6/27/2012
REVIEWED: 9/12; 3/13; 6/13; 6/14
REVISED: 3/13; 6/14

I. POLICY:

The **Division of Public Health Services** may dismiss a client who is a safety threat to staff, other clients, and/or themselves.

II. PURPOSE:

To establish a procedure for the dismissal of clients from the **Division of Public Health Services**.

III. GUIDELINES:

- A. Provider may recommend a client for dismissal from the **Division of Public Health Services**. Reasons for dismissal are not limited to, but may include:
- Non-Compliance
 - Aggression or violent behavior exhibited during visit
 - Chronic missed appointments
 - Dishonesty/Stealing supplies
 - Other, as deemed necessary
- B. The Dismissal Policy will be provided to all clients at the initiation of services and via the website.
- C. The Provider must keep detailed and accurate documentation of all events leading up to the recommended dismissal.
- D. Providers must discuss the situation with the Director of Nursing and another Provider within the agency and receive the Medical Director's approval before dismissal can occur.
- E. All concerns with noncompliance must be discussed with the client by the Provider at the appointment and documented in the client's medical record.
- F. Once a decision to dismiss the client has been made the Provider needs to speak directly to the client unless the Provider's safety is in question. The client must be offered 30 days of interim care and an alternate provider listing may be provided.

**CLIENT DISMISSAL
POLICY
PAGE 2**

- G. The client should be informed and understand that he/she can still access other services of the Health Department that are required by law or Federal funding guideline (e.g., Immunizations, Family Planning if client qualifies). Offer to transfer client records to new provider after written permission is obtained.
- H. A certified letter will be sent from the Provider notifying the client of dismissal from the specific service here at the **Division of Public Health Services**. The letter will state that services will be terminated after 30 days, noting the specific date.
- I. Inform clinic staff to place note on demographic screen in **the system** regarding the service from which the client is dismissed. Clinic staff will be informed on a need to know basis.

Rev/di

Rockingham County Department of Public Health

Rockingham County Governmental Center
(336) 342-8140

PO. Box 204, Wentworth, NC 27375-0204
FAX (336) 342-8356

Date: _____

Dear: _____

This letter is to inform you of your discharge from the Adult Health Services at Rockingham County Department of Public Health. We are no longer able to meet your health care needs.

All of our providers have evaluated your condition(s) and have agreed that the scope of care needed for your medical condition(s) extend beyond our capabilities to provide. We are encouraging you to find another primary care provider. We will send your medical records to your new provider with a signed consent from you.

Sincerely,

Kevin P. Howard, M.D.
Consulting Physician

Debra C. Allen, ANP/GNP-C

Rochelle Muse, PA-C

Angela M. Staab, ANP/GNP-C

Marietta Arocena, FNP

I have reviewed and approved the “Client Dismissal Policy”.

Signed: _____ Date: _____
Medical Director

Signed: _____ Date: _____
Health Director

Signed: _____ Date: _____
Director of Nursing