



Name: _____

Confidential Care
Administrative Discharge Criteria

A client will be administratively discharged from our practice under these or other circumstances:

_____ **1. Administrative discharge due to completion of therapy; when it becomes reasonably clear that the patient no longer needs mental health service(s) at Confidential Care.**

_____ **2. Administrative discharge due to the client abandoning treatment when continued care had been recommended by the provider but the client fails to make a follow-up appointment.**

_____ **3. Administrative discharge due to 3 No show/less than a 24 hour late cancellation notice within a 12 month period.**

- Any client that reaches 3 No show/less than 24 hour late cancellation notice within 12 months will be administratively discharged. Tricare/TriWest will be notified of any client who has been administratively discharged and any remaining authorized visits will be cancelled.
- The client will be notified of the administrative discharge via letter and will have 30 days from the 3rd no show/less than 24 hour late cancellation to find services elsewhere. During this time you will only be seen at our office if deemed clinically urgent and necessary. A 1-month prescription of medication with no refills will be provided to those that are receiving medication management services by the nurse practitioner.

_____ **4. Administrative discharge due to no client activity for 6 or 12 months.**

Client activity means that you must be seen in-office for a face-to-face assessment. Client activity does not include calling for medication refills.

- It is the client’s responsibility to know when you were last seen by the clinician/provider.
- The client will be administratively discharged from receiving services at our office if there is no patient activity after 6 months with the nurse practitioner and after 12 months with the therapist.

_____ **5. Administrative discharge due to not following through with treatment recommendations or non-compliance with treatment recommendations.**

_____ **6. Administrative discharge due to not making progress in treatment**

_____ **7. Administrative discharge due to rudeness to staff**

_____ **8. Administrative discharge due to failure to pay for services provided**

failure to pay is defined as:

- Any balance over 60 days that lacks a payment plan or
- Non-adherence to the terms of the prescribed payment plan agreement. Non-adherence would include missed payments, late payments, declined payments, or payments not made in full according to the prescribed payment plan agreement.

_____ **9. Administrative discharge due to other:** _____

Please sign below if you understand the Administrative Discharge Criteria noted above in this document.

Signature

Date

Office Use Only:

Termination of Provider – Client Therapeutic Relationship

Client Name: _____

Address: _____

Provider Name: _____ Approved: [] Y [] N

Provider Name: _____ Approved: [] Y [] N

Date letter sent via certified & regular mail: _____ +30 days: _____ (urgent needs only)

Community Resource List included: [] Y [] N or [] NA

ROI included: [] Y [] N or [] NA

Termination of treatment date: _____ due to reason(s): # _____ # _____ # _____

Cc: Client Chart