



Dismissal From: <input type="checkbox"/> Provider <input type="checkbox"/> Clinic	Today's Date:
Person Completing Form:	Clinic: <input type="checkbox"/> Complete Integrative Care
Patients Name:	Acct#:
Patients DOB:	Patients Phone #:
Date of Service of Event (if applicable):	Provider:
Dismissal Type: <input type="checkbox"/> Immediate <input type="checkbox"/> 30 Days	Requesting Dismissal Effective Date:

Reason for Dismissal Request

<p>Immediate Dismissal:</p> <p><input type="checkbox"/> Threatening, Violent or Abusive Behavior <input type="checkbox"/> Sexual behavior towards physician or staff <input type="checkbox"/> Other: _____</p> <p>Standard Dismissal:</p> <p><input type="checkbox"/> Rude, Disruptive or unreasonably demanding behavior after verbal warning</p> <p><input type="checkbox"/> Non-Compliance with Provider care plan. <input type="checkbox"/> Drug-Seek Behavior/Violation of Pain Contract</p> <p><input type="checkbox"/> Falsifying or providing misleading medical history / Breakdown in communication <input type="checkbox"/> Other: _____</p>

Supporting Documentation:

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Submit this form for approval to Administrator

This Section to be Completed by Practice Manager	
Dismissal Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Comments:	
Final Dismissal Letter Sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Letter Uploaded to Athena: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Dismissal Detail Flagged in Athena: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: