



TOOLKIT FOR AN UNPLANNED CLOSING OF YOUR PRACTICE

Special supplement to
THE CARLAT REPORT
PSYCHIATRY A CME Publication

About This Resource

This is a toolkit for cases in which a psychiatrist must close a practice abruptly, due to unforeseen circumstances such as death or serious illness. These tools are meant to be used primarily by an administrator who has been predesignated by the psychiatrist. Examples of potential administrators include spouses, children, colleagues, or attorneys. We recommend that you provide this toolkit to your administrator(s) well before you think you are reaching the age when unexpected events happen.

Checklist for the Unplanned Closing of a Practice (for the administrator)

- 1. Notify the Special Administrator (page 2)
- 2. Notify my emergency coverage (page 2)
- 3. Notify staff (page 2)
- 4. Notify patients (page 2)
- 5. Notify agencies, institutions, and associations (page 3)
- 6. Dispose of medication samples and prescription blanks (page 4)
- 7. Notify my billing company (page 4)
- 8. Notify businesses to terminate accounts (page 5)
- 9. Notify medical malpractice carrier (page 5)
- 10. Notify financial vendors (page 5)
- 11. Notify and terminate professional memberships/responsibilities (page 6)
- 12. Coordinate access to patient records (page 6)
- 13. Sample letters, voice mails, and/or email announcements (pages 7–9)

Presented in Partnership With the American Psychiatric Association

These resources include materials that the American Psychiatric Association (APA) provides exclusively to its members, along with other practice management resources. Permission was granted to Carlat Publishing (www.thecarlatreport.com) to provide them to its readership on a one-time basis.

For information on joining the APA, go to
www.psychiatry.org/join-apa/general-members.

Checklist for the Unplanned Closing of a Practice (for the administrator)

1. Notify the Special Administrator

The Special Administrator is authorized as responsible for practice affairs, and can access necessary keys and passwords for business records.

I designate the following person as my Special Administrator to handle the closing of my practice:

Name: _____

Address: _____

Email: _____

Phone Number: _____

2. Notify my emergency coverage

Dr. _____ at telephone number _____ has agreed to handle the emergency and prescription needs of my patients on a short-term basis.

3. Notify staff

The following staff should be notified as soon as possible. They will be helpful in accomplishing the tasks on this checklist.

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

4. Notify patients

Communication can be done by staff or directly by the administrator if there is no staff.

A. Record a voicemail indicating that I am unavailable. Inform answering service. (See voicemail template in section 13.)

B. Place a sign on office door saying: "All patient visits have been cancelled until further notice; please call [office number] for further information."

C. Post a notice of the situation on my website.

D. Call patients who are scheduled over the next few weeks to inform them of the situation, to cancel their appointments, and to provide them with information about emergency coverage for prescriptions or emergency appointments. Tell patients that you will be sending them a letter with information regarding referrals and records.

E. Contact other active patients (who do not have appointments within the next few weeks) by mail or email. (See practice closing letter template in section 13.) “Active patients” are those who I have seen at least once over the last 12 months, and those who have upcoming scheduled appointments.

Procedure for finding names and contact information for active patients:

[If you use an electronic health record (EHR), provide the security credentials needed to access the EHR, as well as instructions for how to locate the names and contact information for patients you have defined as “active.” If you use paper scheduling, provide the location of your appointment book, as well as the location of your patient contact information, which will likely be found in the charts.]

5. Notify agencies, institutions, and associations

A. Inform the state medical board(s). In many states, you will be able to do this online. Check my state medical board’s website for details.

The telephone number(s) for the state medical board(s) where I am licensed to practice medicine:

State	Telephone Number	License Number	Expiration

B. Notify the DEA and my state’s department of public health. Visit the DEA registration page for more details (www.deadiversion.usdoj.gov/drugreg/index.html).

The federal DEA office contact information is: _____

DEA certificate number is: _____

The state department of public health contact information is: _____

C. Notify hospitals/clinics with which I am affiliated.

I am affiliated with the following hospitals/clinics:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

D. Notify third-party payers.

I am currently on panels for the following payers:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

6. Dispose of medication samples and prescription blanks

Contact the DEA regarding what to do with medication samples and prescription blanks. Visit the DEA Registrant Drug Disposal page for more details (www.deadiversion.usdoj.gov/drug_disposal/index.html).

I keep medications in my office:

No

Yes

If yes, where: _____

I keep controlled medications in my office:

No

Yes

If yes, where: _____

My prescription blanks are kept: _____

7. Notify my billing company

To ensure that all remaining financial obligations, including those to vendors, patients, and insurance companies, are covered.

My billing is handled by:

Me

Staff

Billing service

The staff person who coordinates my billing is: _____

My billing service is: _____ Telephone number: _____

8. Notify businesses to terminate accounts

Not all these services will apply to your practice; amend as needed.

My business records are kept _____
[specify filing cabinet or provide access credentials if you store these records electronically]

Service Provider	Company Name	Account #	Contact Name	Contact #
Business phone				
Business cell phone				
Business fax				
Internet provider				
Copier				
Computer				
Office supplies				
Premises lease				
Insurance agent (property/life/workers' comp/disability, etc)				
Attorney				
Electricity supply				
Oil/gas supply				
Water supply				

9. Notify medical malpractice carrier

Name/contact of company: _____

Type of insurance: _____

10. Notify financial vendors

_____ is a second signatory on my checking account.

Service Provider	Company Name	Account #	Contact Name	Contact #
Practice bank account				
Financial advisor (investments/retirement)				
Practice accountant				
Payroll service				

11. Notify and terminate professional memberships/responsibilities

Activity	Company/Personal Contact Name	Membership # or Account #	Contact Telephone #	Comments
Professional association(s), specialty boards (eg, ABPN)				
Journal(s)/ subscription(s)				
Teaching responsibilities				
Other regular clinical/professional commitments				

12. Coordinate access to patient records

[Provide location of patient charts, whether in paper or electronic form]
 When you receive requests for records, copy them and send them to the professional office or to the patient who is making the request. Charge \$XX for administrative services.

13. Use sample letters, voice mails, and/or email announcements for notifications

The following are sample letters your administrator can customize for use.

Sample Letter to Business

Dear _____:

RE: Account Number: _____

Please be advised that as of [date of practice closure] the office of Dr. _____ will be permanently closed. Please forward to my attention any outstanding bills for your services to ensure prompt payment.

Thank you for your immediate attention to this request. Should you have any questions or concerns, please feel free to contact me at _____.

Sincerely,
Special Administrator

No Further Mail Letter

Dear _____:

RE: AccountNumber/Membership Number: _____

Please terminate the membership/journal for Dr. _____ Sadly, Dr. _____ [will no longer be practicing]/[died on _____].

Thank you for your immediate attention. Should you have any questions or concerns, please feel free to contact me at _____.

Sincerely,
Special Administrator

Sample Letter to Patients After Emergency Office Closure

Dr. _____ has been forced to close his practice due to illness.

It is important that you continue to receive appropriate treatment. Several options for follow-up treatment are listed below:

[Adapt for your practice.]

Since the records of your case are confidential, we will require your written authorization to release your information to another physician, or to you. For this reason, I am enclosing an authorization form. Please complete the form and return to the address listed. There will be a charge of _____ for copying records to cover practice expenses. If you do not return this authorization form by _____, you should contact the _____ [records company] for further assistance.

Active medical records (for those patients who have been seen in the past seven years) will be transferred to _____ on _____. If you would like to receive information from your record after this date, you may contact them directly at ____.

For inactive patients, who have not been seen for seven years or more, their records will be disposed of in accordance with state law.

Please note that after _____ there will no longer be anyone at this number to answer your call. If you need assistance after this date, please contact one of the doctors on the attached list, who will assist you to find someone to continue your treatment. Alternatively, you may contact your health care insurers for a list of other providers in your coverage/plan area.

We recognize that losing Dr. _____ and changing your physician may be stressful. We encourage you to seek continuity by accessing a replacement physician.

Sincerely,
Office Manager/Special Administrator

Voice Mail/Email Announcement

(The following message can be tailored for either an “out of office” message or an answering service.)

Today is _____ [date of the message recording].

The office of Dr. _____ is currently closed, and all appointments have been cancelled until further notice.

If you have a clinical emergency, please dial 911 or go to your nearest emergency room.

If you need assistance with a prescription refill, please contact Dr. _____ at

_____.

A letter will be sent to all patients within 48 hours explaining the practice closure with information of how to transfer to another physician.

[Optional:] If you have a question concerning business matters, please call back between [office hours] to speak to a member of the practice staff.