



HAND DELIVERED – PERSONAL & CONFIDENTIAL

Date: _____

Dr. _____

Dear Doctor _____

RE: NOTICE OF SUSPENSION

A comprehensive check of health records carried out at _____ reveals that the attached record(s) remain incomplete:

Completion of health records in a timely fashion is a serious patient safety issue; therefore, in accordance with Medical Staff Bylaw Section 8.4.2, I have recommended suspension of your admitting privileges starting at 8:00 a.m. tomorrow the _____.

All clients reporting for admission during the period of suspension will be informed of the circumstances with the request that they report to you for further instructions.

Medical Staff will continue to be responsible for care of inpatients previously admitted. For all other admissions, ER shifts, or any work requiring privileges, please ensure that arrangements have been made with colleagues.

The Health Information Services and Nursing Staff have been informed of this suspension.

Regional Lead – Medical Services & CMO /Chief of Staff/Designate

cc: Chief Executive Officer (CEO)
Regional Manager Health Information Services
Facility Health Information Services