

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Discharge from Medical Care

Dear [Patient Name],

This letter serves as formal notification that the physician-patient relationship between you and [Practice/Facility Name] is being terminated. This decision follows a breach of the Care Agreement signed on [Date of Agreement].

Specifically, the agreement was violated due to: [Insert specific reason, e.g., non-compliance with treatment plan, missed appointments, or disruptive behavior].

We will continue to provide you with emergency medical care for a period of 30 days from the date of this letter, ending on [Date]. This timeframe is intended to allow you sufficient time to establish care with a new healthcare provider.

To assist in your transition, we recommend the following resources to find a new provider:

- Your health insurance provider directory
- The local medical society
- [Local Hospital Referral Service]

We are happy to transfer a copy of your medical records to your new physician once we receive a signed authorization form. A copy of the authorization form is enclosed for your convenience.

Sincerely,

[Physician Name/Administrator Name]

[Practice Name]

Enclosure: Medical Records Release Form