

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

**RE: Termination of Physician-Patient Relationship**

Dear [Patient Name],

Please be advised that [Practice Name] is terminating its physician-patient relationship with you, effective [30 Days from Date of Letter].

This decision has been made because we have been unable to reach you despite multiple attempts via [phone/mail/portal] on [Dates of attempts] to discuss your ongoing medical care and follow-up requirements. Consistent communication and follow-up are essential for us to provide you with safe and effective medical treatment.

Until [Effective Date], we will be available to provide care for emergencies only. This notice period is intended to give you sufficient time to locate a new healthcare provider. We recommend contacting your health insurance carrier or the local medical society for a list of available physicians in your area.

We will provide a copy of your medical records to your new physician upon receipt of a signed authorization form. For your convenience, an authorization form is enclosed with this letter.

Once you have selected a new provider, we encourage you to schedule an appointment with them as soon as possible to ensure there is no lapse in your medical care or medication refills.

Sincerely,

[Physician Name]

[Practice Name]

Enclosure: Medical Record Release Authorization Form