

[Doctor or Clinic Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

RE: NOTICE OF TERMINATION OF THE PHYSICIAN-PATIENT RELATIONSHIP

Dear [Patient Name],

This letter is to formally notify you that [Doctor/Clinic Name] is terminating the physician-patient relationship with you, effective [Date - typically 30 days from letter date].

This decision has been made because we have been unable to reach you regarding your ongoing care. Despite our multiple attempts to contact you via [phone/mail/email] on [Dates of contact attempts], we have received no response. Active communication and participation in recommended treatment plans are essential for us to provide you with safe and effective medical care.

Until [Date of termination], we will remain available to provide you with emergency medical care and necessary prescriptions only. This 30-day period is intended to provide you with sufficient time to locate a new healthcare provider.

We recommend that you secure a new physician as soon as possible. You may find a new provider by:

- Contacting your health insurance company for a list of in-network providers.
- Contacting the local medical society.
- Using the "Find a Doctor" tool on your insurance website.

Upon receipt of a signed authorization form, we will transfer a copy of your medical records to your new physician to ensure continuity of care. We have enclosed an authorization form for your convenience.

Sincerely,

[Physician Signature]
[Physician Name/Clinic Name]

Enclosure: Medical Records Release Form