

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to formally notify you that you are being discharged as a patient from [Practice/Clinic Name], effective [Date, typically 30 days from letter].

This decision has been made due to a violation of the Controlled Substance Agreement you signed on [Date of Agreement]. Specifically, the agreement was breached because of [Reason: e.g., positive drug screen for unprescribed substances, obtaining medications from multiple providers, or failure to complete a pill count].

Because the provider-patient relationship requires mutual trust and adherence to safety protocols regarding controlled substances, we can no longer provide you with medical care. We will, however, be available to provide you with emergency care and necessary prescriptions for the next 30 days while you locate a new physician.

We recommend that you find a new healthcare provider as soon as possible. You may contact your insurance company or the local medical society for a referral. Upon your written authorization, we will transfer a copy of your medical records to your new physician.

Sincerely,

[Physician Name/Signature]

[Practice Name]