

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Clinic Name] is officially terminating the provider-patient relationship with you, effective [Number] days from the date of this letter. This decision has been made due to your recent inappropriate behavior toward our clinic staff on [Date].

Our facility maintains a zero-tolerance policy regarding verbal abuse, threats, or disruptive conduct. Such behavior creates an environment that prevents us from providing safe and effective care to all of our patients.

To ensure your continuity of care, we will provide emergency medical services only until [Date]. After this period, you will no longer be seen at this clinic. We recommend that you contact your insurance provider or a local physician referral service immediately to locate a new healthcare provider.

Upon your written authorization, we will transfer a copy of your medical records to your new physician to assist with the transition.

Sincerely,

[Provider Name/Administrator Name]

[Clinic Name]