

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Termination of Medical Care

Dear [Patient Name],

Please be advised that [Practice Name] will no longer be able to provide you with medical care. This decision is effective as of [Date 30 days from now].

This decision has been made due to your recent disruptive and abusive behavior toward our staff on [Date of Incident]. Our practice maintains a zero-tolerance policy regarding verbal abuse, threats, or harassment to ensure a safe environment for both our employees and other patients. This behavior has resulted in a permanent breakdown of the physician-patient relationship.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, ending on [Date]. This period is intended to give you ample time to locate a new healthcare provider.

We recommend that you contact your insurance provider or a local physician referral service to find a new doctor. Once you have selected a new provider, please sign the enclosed medical record release form and return it to our office. We will forward a copy of your medical records to your new physician to ensure continuity of care.

Sincerely,

[Physician Name]

[Practice Name]