

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to formally notify you that [Clinic Name] is terminating the physician-patient relationship with you, effective [Number, typically 30] days from the date of this letter. After this period, we will no longer be able to provide you with medical care.

This decision has been made due to your recent conduct toward our clinic staff on [Date of Incident]. Specifically, [brief description of behavior, e.g., the use of profanity, threats, or aggressive behavior]. Our clinic maintains a zero-tolerance policy regarding inappropriate or abusive behavior to ensure a safe environment for both our employees and other patients.

Until [Date of Termination], we will remain available to provide you with emergency medical care only. This notice period is intended to allow you sufficient time to establish care with a new provider.

We recommend that you contact your insurance provider or local medical society to assist you in finding a new physician. Once you have selected a new provider, please sign the enclosed medical record release form and return it to us so that we may transfer your records to your new office.

Sincerely,

[Provider Name/Administrator Name]

[Clinic Name]