

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Termination of the Physician-Patient Relationship

Dear [Patient Name],

Please be advised that [Clinic/Practice Name] is terminating its professional relationship with you, effective [Number, typically 30] days from the date of this letter. After this date, we will no longer be able to provide you with medical care.

This decision has been made due to your conduct on [Date of Incident]. Our clinic maintains a zero-tolerance policy regarding verbal abuse, threats, or harassment toward our staff members. The use of inappropriate language and behavior creates an environment that is not conducive to providing quality healthcare.

For the next [Number] days, we will be available to provide care for emergency situations only or to facilitate your transition to a new provider. We recommend that you contact your insurance company or use a physician referral service to find a new primary care provider as soon as possible.

Upon receipt of a signed authorization form, we will transfer a copy of your medical records to your new physician. You may contact our office at [Phone Number] to obtain the necessary release forms.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Physician Name/Clinic Manager Name]

[Clinic Name]