

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that effective immediately, [Clinic Name] is terminating the physician-patient relationship with you. You will no longer be seen as a patient at this facility.

This decision has been made due to documented incidents of sexual harassment toward our staff members. Our clinic maintains a zero-tolerance policy regarding harassment, inappropriate comments, or unwelcome physical contact. Such behavior creates a hostile environment and violates our code of conduct.

We will provide you with emergency medical care for the next 30 days, until [Date], to allow you sufficient time to find a new healthcare provider. After this date, we will no longer provide any medical services to you.

To ensure a smooth transition of your care, we are happy to transfer a copy of your medical records to your new physician. Please sign the enclosed medical record release form and return it to us so we may forward your files.

You may contact your insurance provider or the local medical society to assist you in locating a new healthcare provider.

Sincerely,

[Physician Name/Administrator Name]

[Clinic Name]