

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Termination of Medical Care

Dear [Patient Name],

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

This dismissal is a result of repeated violations of our Clinic Code of Conduct. Specifically, despite previous warnings, the following behavior has persisted: [List specific violations, e.g., verbal abuse of staff, failure to follow clinic policies, or disruptive behavior]. Such actions create an environment that prevents us from providing high-quality care to all our patients.

We will continue to provide emergency medical care for you until [Date 30 days from today] to allow you sufficient time to establish care with a new provider. After this date, our physician-patient relationship will be formally terminated.

We recommend that you contact your insurance provider or a local physician referral service to find a new healthcare provider as soon as possible. Once you have selected a new physician, please sign the enclosed "Authorization to Release Medical Records" form and return it to us so that we may transfer your files.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Physician or Administrator Name]

[Clinic Name]

[Phone Number]