

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to formally notify you that [Practice Name] is terminating the physician-patient relationship with you, effective 30 days from the date of this letter. This decision is final.

This action is being taken as a result of your behavior during telephone communications on [Date of Incident]. During this call, you used abusive, profane, and unprofessional language toward our staff. We maintain a zero-tolerance policy regarding harassment or verbal abuse directed at our employees.

We will provide you with emergency medical care and necessary prescriptions for the next 30 days, until [End Date], to allow you sufficient time to establish care with another provider. After this date, we will no longer provide any medical services to you.

To ensure a smooth transition of your care, we will provide a copy of your medical records to your new physician upon receipt of a signed authorization form. You may contact [Phone Number] to request this form or to ask any questions regarding the transfer of records.

We recommend that you contact your health insurance provider or use online physician directories to locate a new healthcare provider as soon as possible.

Sincerely,

[Physician Name/Practice Manager Name]

[Practice Name]