

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Please be advised that the physician-patient relationship between you and [Clinic Name/Physician Name] is being formally terminated, effective [30 days from date of letter].

This decision has been made due to reports of intimidating behavior toward other patients within our facility. Our clinic is committed to maintaining a safe, peaceful, and respectful environment for all individuals seeking care. Conduct that compromises the comfort or safety of our patient population cannot be tolerated.

Until [Date 30 days from now], we will only be available to provide care for any urgent medical emergencies you may have. This notice period is intended to allow you sufficient time to locate a new healthcare provider.

We recommend that you contact your health insurance provider or visit your local medical society website to find a new physician. Once you have selected a new provider, please sign the enclosed medical record release form and return it to our office. We will transfer a copy of your medical records to your new physician at no cost to you.

Sincerely,

[Physician Name/Clinic Administrator]
[Title]
[Clinic Name]