

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Termination of Physician-Patient Relationship

Dear [Patient Name],

Please be advised that [Practice Name] is officially terminating the physician-patient relationship with you, effective [30 days from date of letter].

This decision has been made due to recent instances of online harassment directed toward our medical providers and staff. Such conduct creates a hostile environment and undermines the mutual trust and respect necessary for a therapeutic relationship. Our practice maintains a zero-tolerance policy regarding the harassment of our team members on social media or any other digital platforms.

We will continue to provide care for emergency situations only until [Date 30 days out]. This notice period is intended to give you sufficient time to locate a new healthcare provider. We recommend contacting your insurance company or the local medical society for a list of available physicians in your area.

Upon receiving a signed authorization form, we will transfer a copy of your medical records to your new provider to ensure continuity of care. You may contact our office at [Phone Number] to request this form or to arrange the transfer.

Sincerely,

[Physician Name/Administrator Name]

[Practice Name]