

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

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

This decision has been made following the medical examination on [Date of Incident]. During this encounter, your behavior included aggressive posturing toward our staff and medical providers. Our practice maintains a zero-tolerance policy regarding threatening behavior to ensure a safe environment for all patients and employees.

Until the effective date mentioned above, we will only be available to provide care for emergency medical situations. We will not provide routine care or refills during this transition period.

We recommend that you secure a new physician as soon as possible. You may contact your insurance provider or the local medical society for a list of available providers in your area. Upon receipt of a signed authorization form, we will transfer a copy of your medical records to your new physician.

Sincerely,

[Physician Name/Practice Manager Name]

[Practice Name]