

[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 [30 days from date of letter].

This decision has been made following the events that occurred on [Date of Incident]. During this visit, your conduct was documented as intoxicated and combative. This behavior created an unsafe environment for our staff and other patients, violating our office policies and the mutual trust required for medical care.

During the next 30 days, we will be available to provide care for emergency situations only. This period is intended to allow you sufficient time to establish care with another healthcare provider. We recommend that you contact your insurance carrier or a local physician referral service to find a new provider as soon as possible.

Upon receipt of a signed authorization form, we will provide a copy of your medical records to your new physician to ensure a smooth transition of care. You may find a release form enclosed with this letter or on our website.

Sincerely,

[Physician Name/Administrator Name]

[Practice Name]

Enclosure: Medical Records Release Form