

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

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

This decision has been made due to a breakdown in communication that makes it impossible to provide you with the quality of medical care you require. Specifically, this is due to [mention brief reason: e.g., repeated failure to respond to medical inquiries / failure to follow essential treatment plans / disruptive communication style].

We will continue to provide you with emergency care only for the next 30 days, ending on [Date]. This period is intended to allow you sufficient time to locate a new healthcare provider. We recommend contacting your insurance carrier or the local medical society for assistance in finding a new physician.

Upon receipt of a signed authorization form, we will transfer a copy of your medical records to your new provider to ensure continuity of care.

Sincerely,

[Doctor Name/Clinic Administrator]

[Clinic Name]