

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Termination of Physician-Patient Relationship

Dear [Patient Name],

Please be advised that [Practice Name] will no longer be able to provide medical care to you effective [Date - typically 30 days from date of letter].

This decision has been made because it has become apparent that our philosophies regarding your medical treatment and expectations for care are no longer compatible. A successful physician-patient relationship requires mutual trust and agreement on the course of treatment. When these expectations differ significantly, it is in the best interest of the patient to find a provider whose approach better aligns with their needs.

Until [Date], we will be available to provide care for any emergency situations or acute needs to allow you time to establish care with a new physician. We recommend that you contact your health insurance provider or the local medical society to locate a new practitioner as soon as possible.

We are happy to transfer a copy of your medical records to your new provider. Please find the enclosed medical record release authorization form. Once signed and returned, we will forward your records promptly.

Thank you for the opportunity to have served your healthcare needs in the past. We wish you the best in your future medical care.

Sincerely,

[Physician Name]

[Practice Name]