

[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[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. You will no longer be seen as a patient at this clinic effective [Date - typically 30 days from date of letter].

This decision has been made due to recent interactions involving hostile or inappropriate behavior toward our staff. We strive to maintain a safe and respectful environment for both our employees and our patients. Unfortunately, the nature of these interactions has made it impossible to continue providing you with medical care.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, ending on [Date]. This period is intended to give you sufficient time to locate a new healthcare provider.

To assist with your transition, we recommend contacting your insurance provider or the local medical society to find a new physician. Once you have selected a new provider, please sign the enclosed medical record release form and return it to us. We will then forward a copy of your medical records to your new physician at no charge.

Sincerely,

[Doctor Name/Practice Manager Name]
[Practice Name]