

[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 because of a breakdown in the therapeutic relationship and a lack of mutual respect necessary for effective medical care. A successful relationship requires trust and cooperation from both parties, which we feel is no longer present.

We will continue to provide care for any emergency needs for the next 30 days, until [End Date]. This period is intended to give you sufficient time to locate a new healthcare provider. After this date, we will no longer be able to provide you with medical services or prescription refills.

We recommend that you contact your health insurance provider or the local medical society to find a new physician. Once you have selected a new provider, please sign the enclosed medical records release form and return it to our office. We will then forward a copy of your medical records to your new physician to ensure continuity of care.

Sincerely,

[Physician Name]

[Practice Name]