

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to formally notify you that [Clinic Name] is terminating the physician-patient relationship with you, effective [Date 30 days from now].

This decision has been made due to your recent disruptive behavior on [Date of Incident(s)], which included [briefly describe behavior, e.g., verbal abuse toward staff/disruption of clinic operations]. Such conduct violates our clinic policies and prevents us from maintaining a safe and professional environment for our staff and other patients.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, until [Date 30 days from now]. This period is intended to give you ample time to locate a new healthcare provider. We recommend contacting your insurance carrier or the local medical society to assist you in finding a new physician.

Once you have selected a new provider, please sign the enclosed medical record release form and return it to our office. We will forward a copy of your medical records to your new physician to ensure continuity of care.

After [Date 30 days from now], you will no longer be seen as a patient at this clinic.

Sincerely,

[Doctor Name/Clinic Administrator]

[Clinic Name]

[Phone Number]