

[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 [Number] days from the date of this letter. This decision has been made due to your repeated failure to adhere to our established clinic safety protocols.

The safety of our patients and staff is our highest priority. Adherence to these protocols is a requirement for receiving care at our facility. Unfortunately, the recent incidents on [Date(s) of Incident] have demonstrated a non-compliance that compromises the safety of our clinical environment.

We will continue to provide you with emergency medical care only for the next [Number] days, until [End Date]. This grace period is intended to allow 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 for a list of available physicians in your area. Upon receiving your written authorization, we will transfer a copy of your medical records to your new provider.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Doctor/Administrator Name]

[Clinic Name]