

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

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

RE: Formal Notice of Dismissal from Care

Dear [Patient Name],

This letter is to formally notify you that [Clinic Name] will no longer be able to provide you with medical care. This decision is effective as of [Date].

This dismissal is a result of your conduct toward our medical staff on [Date of Incident]. Specifically, [briefly describe behavior, e.g., verbal abuse, threats, or aggressive behavior]. Our clinic maintains a zero-tolerance policy regarding abusive behavior to ensure a safe environment for our employees and patients.

We will continue to provide you with emergency medical care only for the next 30 days, until [Date 30 days from now]. This window is intended to give you sufficient time to establish care with a new provider. After this date, you will no longer be seen at this practice.

To assist with your transition, we recommend the following steps to find a new physician:

- Contact your health insurance provider for a list of in-network doctors.
- Contact the local Medical Society.
- Search the "Find a Doctor" tool on your insurance company's website.

Upon your written authorization, we will transfer a copy of your medical records to your new physician. A records release form is enclosed for your convenience.

Sincerely,

[Physician Name or Clinic Administrator Name]
[Title]
[Clinic Name]