

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Termination of the Physician-Patient Relationship

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 has been made due to your continued non-adherence to our clinic's established communication guidelines.

Effective [30 Days from Date of Letter], our professional relationship will be officially terminated. We will remain available to provide emergency medical care and necessary prescriptions for the next 30 days while you transition to a new provider.

We recommend that you secure a new physician as soon as possible. You may find a new provider by:

- Contacting your health insurance carrier for a list of in-network providers.
- Contacting the local Medical Society.
- Searching the "Find a Doctor" tool on your preferred hospital's website.

To facilitate the transition of your care, we have enclosed a medical records release form. Once signed and returned, we will forward a copy of your medical records to your new physician.

Thank you for your cooperation in this matter.

Sincerely,

[Physician Name/Clinic Administrator]

[Clinic Name]