

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of Permanent Facility Closure and Patient Dismissal

Dear [Patient Name],

This letter is to formally notify you that [Facility Name] will be permanently closing its doors effective [Final Date of Operation]. As a result of this closure, we will no longer be able to provide you with medical services after this date.

Your health and continued care are our priorities. We recommend that you begin the process of selecting a new healthcare provider as soon as possible. If you need assistance finding a new physician, you may contact your insurance provider or the local medical society.

Your medical records are confidential and will be handled in accordance with state and federal laws. You may request a copy of your records or have them transferred to a new provider by completing a medical records release form. Please contact our office at [Phone Number] or [Email Address] before [Date] to facilitate this transfer.

After [Final Date of Operation], your records will be stored at [Storage Location/Entity Name] and can be requested by calling [Contact Phone Number].

In the event of a medical emergency before you establish care with a new provider, please call 911 or visit the nearest emergency room.

Thank you for trusting us with your care over the years. We wish you the very best in your future health endeavors.

Sincerely,

[Provider Name/Administrator Name]

[Facility Name]