

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of Clinic Closure and Termination of Patient-Physician Relationship

Dear [Patient Name],

This letter is to formally notify you that [Clinic Name] will be permanently closing its practice effective [Last Day of Operation, must be at least 30 days from date of letter]. As a result, I will no longer be able to provide you with medical care after this date.

Your health is our priority, and we encourage you to secure a new healthcare provider as soon as possible to ensure there is no interruption in your treatment. You may contact your insurance provider or the local medical society for recommendations on physicians currently accepting new patients.

Your medical records are confidential. To transition your care, we can transfer a copy of your records to your new physician or provide them directly to you. Please sign and return the enclosed "Authorization for Release of Medical Records" form by [Date] so we may process your request. After the clinic closes, your records will be stored at [Location/Storage Facility Name] and can be requested by calling [Phone Number].

If you have a medical emergency before our closing date, please call 911 or go to the nearest emergency room. For routine appointments or prescription refills needed before [Last Day of Operation], please contact our office immediately.

It has been a privilege to serve as your healthcare provider. We wish you the very best in your future health and wellness.

Sincerely,

[Physician Name/Clinic Administrator]

[Clinic Name]

[Phone Number]