

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Practice Name] will no longer be able to provide you with medical care. This decision has been made because we have determined that your current clinical needs require the specialized oversight of a psychiatric professional. Despite our previous discussions and recommendations, you have declined to seek the necessary psychiatric specialist care.

Effective [Date, typically 30 days from letter date], our physician-patient relationship will be formally terminated. Until that date, we will remain available only for emergency medical needs and to assist you in transitioning your care to a new provider.

We strongly urge you to seek the services of a psychiatrist to ensure your health and safety. You may find a new provider by:

- Contacting your insurance provider for a list of in-network specialists.
- Contacting the local medical society.
- Utilizing the SAMHSA National Helpline or online provider directories.

Upon receipt of your written authorization, we will provide a copy of your medical records to your new physician to ensure continuity of care.

Sincerely,

[Physician Name/Signature]

[Practice Name]