[Date]

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

RE: Notice of Termination of the Physician-Patient Relationship

Dear [Patient Name],

Please be advised that [Practice Name] is officially terminating the physician-patient relationship with you, effective 30 days from the date of this letter. This decision is final and follows the discovery of unauthorized alterations made to your official medical records.

The integrity of medical documentation is essential for providing safe and accurate healthcare. The act of altering medical records constitutes a breach of trust and a violation of our clinic policies, making it impossible to maintain a therapeutic relationship.

Until [Date 30 Days from Letter], we will be available to provide emergency care and necessary prescriptions only. We recommend that you secure a new healthcare provider as soon as possible. You may contact your insurance carrier or the local medical society for a referral.

We are happy to transfer a copy of your medical records to your new physician. Please sign the enclosed authorization form and return it to our office so that we may facilitate this transfer.

Sincerely,

[Physician Name/Administrator Name]
[Practice Name]