[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 [Clinic Name] and its providers are terminating the physician-patient relationship with you, effective [Number, typically 30] days from the date of this letter. This decision is final and follows a review of your medical file which indicates the provision of fraudulent information or the falsification of patient records.

Our clinic maintains a policy requiring honesty and integrity to ensure your safety and the accuracy of medical care. The submission of fraudulent records constitutes a breach of the provider-patient trust, making it impossible to continue your treatment.

We will continue to provide care for emergency situations only until [End Date]. This period is intended to allow you sufficient time to locate a new healthcare provider. We recommend contacting your insurance carrier or local medical society to find a new physician.

Upon receipt of your written authorization, we will transfer a copy of your medical records to your new provider. A records release form is enclosed for your convenience.

Sincerely,

[Doctor Name/Clinic Administrator]
[Clinic Name]
[Phone Number]

Enclosure: Medical Records Release Form