[Current Date]

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

Re: Termination of Professional Relationship

Dear [Patient Name],

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

The integrity of medical records is essential for providing safe and accurate healthcare. Tampering with or falsifying medical documentation constitutes a breach of trust and a violation of clinic policy, making it impossible to maintain a therapeutic relationship.

We will continue to provide you with emergency medical care only until [Date 30 Days from Letter Date]. This period is intended to allow you sufficient time to locate a new healthcare provider. We recommend contacting your insurance carrier or the local medical society for assistance in finding a new physician.

Upon receipt of a signed authorization form, we will transfer a copy of your medical records to your new provider to ensure continuity of care. Please find the authorization form enclosed with this letter.

Sincerely,

[Physician Name/Clinic Administrator]
[Clinic Name]