[Date]

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

RE: Notice of Dismissal from Medical Care

Dear [Patient Name],

Please be advised that [Clinic Name] is formally terminating the physician-patient relationship with you, effective [Date, typically 30 days from letter date].

This decision has been made following a review of your medical file, which indicates that health records or information provided to this office were falsified. The integrity of medical records is essential for providing safe and effective healthcare. Falsification of such records constitutes a breach of trust and a violation of clinic policy, making it impossible to maintain a therapeutic relationship.

Until the effective date mentioned above, we will be available to provide care for emergency situations only. This notice period is intended to allow you sufficient time to secure a new healthcare provider.

Upon your written authorization, we will transfer a copy of your medical records to your new physician. Please find a records release form enclosed with this letter.

We recommend that you contact your insurance provider or local medical society to assist you in locating a new healthcare provider as soon as possible.

Sincerely,

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