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

Re: Termination of Professional Relationship

Dear [Patient Name],

Please be advised that [Clinic Name] is terminating its provider-patient relationship with you, effective 30 days from the date of this letter. This decision has been made due to your recent inappropriate communication with our clinic staff on [Date/Dates].

Our clinic maintains a zero-tolerance policy regarding disrespectful, abusive, or threatening language and behavior. Such conduct disrupts our ability to provide a safe and professional environment for both our employees and our patients.

We will provide you with emergency medical care and necessary prescriptions for the next 30 days, ending on [End 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 your written authorization, we will transfer a copy of your medical records to your new provider to ensure continuity of care. You may find the authorization form enclosed with this letter.

Sincerely,

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