[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[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/Physician Name] will no longer be able to provide medical care to you effective [30 days from date of letter].

This decision has been made due to recent instances of unprofessional and inappropriate communication directed toward our staff. A positive physician-patient relationship must be based on mutual respect and trust. When communication becomes abusive, threatening, or consistently disrespectful, it prevents us from providing the high standard of care required.

We will continue to provide care for any emergency needs for the next 30 days, ending on [Date]. This window is intended to give you sufficient time to locate a new healthcare provider. We recommend contacting your insurance carrier or the local medical society to assist you in finding a new physician.

Upon your written authorization, we will transfer a copy of your medical records to your new provider. We have enclosed a medical record release form for your convenience.

Sincerely,

[Physician Signature/Practice Manager Name]
[Title]

Enclosure: Medical Record Release Form