head>

[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 practitioner-patient relationship with you, effective [Number, typically 30] days from the date of this letter. This decision has been made due to recent instances of hostile and inappropriate communication toward our clinic personnel, which has created an environment that is no longer conducive to providing effective medical care.

We will continue to provide care for emergency situations only until [Date of termination]. This transition period is intended to allow you sufficient time to establish care with a new provider. We recommend that you contact your health insurance carrier or local medical society to locate a new physician as soon as possible.

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,

[Provider Name/Administrator Name]
[Clinic Name]

Enclosure: Medical Record Release Form