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

[Date]

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

Dear [Patient Name],

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

This decision has been made as a result of your inappropriate interaction with our staff on [Date of Incident]. Specifically, [briefly describe behavior, e.g., the use of verbal abuse / aggressive language / threats]. Our practice maintains a zero-tolerance policy regarding the mistreatment of our employees, and we believe the rapport necessary for quality medical care has been irreparably broken.

Until [Date], we will be available to provide you with emergency medical care and necessary prescriptions only. This transition period is intended to give 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 your written authorization, we will provide a copy of your medical records to your new physician to ensure continuity of care. You may contact our office at [Phone Number] to obtain the necessary release form.

Sincerely,

[Physician Name/Administrator Name]
[Practice Name]