[Current Date]

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

Re: Notice of Termination of the Patient-Physician Relationship

Dear [Patient Name],

Please be advised that [Clinic Name] is officially terminating the patient-physician relationship with you, effective [Number, e.g., 30] days from the date of this letter. This decision is final and is due to your use of abusive and unprofessional language toward our staff on [Date of Incident].

Our clinic maintains a zero-tolerance policy regarding verbal abuse, threats, or harassment directed at our employees. Such behavior disrupts our ability to provide a safe and respectful environment for both our staff and our patients.

We will continue to provide care for emergency situations only until [End Date]. This notice 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 a signed authorization form, we will transfer a copy of your medical records to your new provider. You may request this form by contacting our office or visiting our website.

Sincerely,

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