[Date]

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

Re: Termination of Provider-Patient Relationship

Dear [Patient Name],

Please be advised that [Clinic Name] is formally terminating its provider-patient relationship with you, effective [Number, e.g., 30] days from the date of this letter. This decision is final.

This action is being taken due to your conduct on [Date], during which you subjected our staff to verbal harassment and abusive language. Our clinic maintains a zero-tolerance policy regarding the mistreatment of our employees. Such behavior disrupts our ability to provide a safe and professional environment for both our staff and our patients.

We will continue to provide you with emergency medical care only until [End Date]. This notice period is intended to allow you sufficient time to locate a new healthcare provider. We recommend contacting your insurance carrier or 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. A records release form is enclosed for your convenience.

As of [End Date], you are no longer permitted on the premises of [Clinic Name]. Any further communication regarding your medical care should be directed through your new healthcare provider.

Sincerely,

[Authorized Signature]
[Name of Practice Manager or Lead Physician]
[Clinic Name]

Enclosure: Medical Records Release Form