[Date]

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

RE: TERMINATION OF THE PHYSICIAN-PATIENT RELATIONSHIP

Dear [Patient Name],

Please be advised that [Practice Name] is terminating its professional relationship with you, effective [Date 30 days from now].

This decision follows our previous discussions and formal warnings regarding inappropriate communication. Despite these notices, your conduct on [Date of most recent incident] involving [brief description, e.g., verbal abuse, harassment, or use of profanity] toward our staff has made it impossible to maintain a therapeutic environment based on mutual respect.

Until the effective date mentioned above, we will provide care for emergency situations only. We will not provide routine care or prescription refills during this transition period.

We recommend that you secure the services of a new healthcare provider as soon as possible. You may contact your insurance carrier or the local medical society for a list of available providers in your area.

Upon receipt of your written authorization, we will transfer a copy of your medical records to your new physician. A records release form is enclosed for your convenience.

Sincerely,

[Doctor Name/Administrator Name]
[Practice Name]