[Date]

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

RE: Notice of Dismissal from Care

Dear [Patient Name],

Please be advised that you are being formally dismissed as a patient at [Clinic Name], effective [Date 30 Days from Letter].

This decision has been made following a violation of our Clinic Communication Policy. Specifically, on [Date of Incident], the following occurred: [Briefly describe incident, e.g., use of profanity, harassment of staff, or threatening language]. Our policy, which is provided to all patients, outlines our commitment to a safe and respectful environment for both staff and patients. Conduct that violates this standard cannot be accommodated.

During the next 30 days, we will provide care for emergency situations only to allow you sufficient time to establish care with a new provider. We recommend you contact your insurance carrier or local medical society to find a new healthcare provider as soon as possible.

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

Your prescriptions will be refilled during this 30-day transition period only if deemed medically necessary by your physician. No further appointments or refills will be provided by this office after [Date 30 Days from Letter].

Sincerely,

[Authorized Signature]
[Name and Title]
[Clinic Name]

Enclosure: Medical Records Release Form